		PLACE OF DEATH	Reg. Dist. No. 1 7 (1) 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
1	-	Carroll MARYLAI	Maryland Worcester
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
	-	d. NAME OF HOSPITAL (If not in hospital, give street oddress)	
03	1	Henryton State Hospital	d. STREET ADDRESS 500 Fifth Avenue 6. IS RESIDENT ON A FARM YES NO
		NAME OF First Middle DECEASED (Type or print) John	Adkins 4. Date Month Day Year Adkins Death February 9 19
T	5.	MAKKIED HEVER MAKKIED	I IOST DIFFINGOVI Months I Day 1 the state of the state o
1		Male Negro WIDOWED DIVORCED	1866 91 yrs.
	1100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
	13	FATHER'S NAME	Pocomoke, Maryland U.S.A.
	10.	Levin Adkins	
	15		Hannah 7. INFORMANT Address
	{Ye	no, or unknown (if yes, give wor or dates of service)	7. INFORMANTI Address
	1		
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEE ONSET AND DEAT
		IMMEDIATE CAUSE (0) USTOLOVASCE	lar insufficiency
		OO2 X DUE TO	
		gove the to immediate (the transport of the	d bilateral pulmonary
	п	couse (a), stating the under-	8
	Z	, (-)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO
0	CERTIFICATION		BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF PERFORMED YES [] NO
	IF	20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCC	IRRED. (Enter noture of injury in Part I or Port II of item 18.)
	E.	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20d	. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (St
	WED	Hour o. m. 19 While Not while of work of work	foctory, street, office bldg., etc.)
		21. I certify that I attended the deceased from Feb.	5,, 1958, to Feb. 9,, 1958, that I last saw the dece
		alive an Feb. 9 , 19 58 , and that de	ath accurred at 8:15A.M., fram the causes and on the date stated at
		anve different and man de	ADDRESS (Street, city or town, state) DATE SI
		ACTUAL Bodgars M. Machlary	M.D. Henryton, Maryland 2-9-58
			M.D.
1		PHYSICIAN'S NAME (Type) Dr. Edgars M. Maculans.	Supt. Henryton State Hospital, Henry
1			
1	220	BURIAL, CREMATION, 22b. DATE, THEREOF/ 22c. NAME OF CEMETER	Y OR CREMATORY 22d, LOCATION (City, town, or county) (State)
1	220	-BURIAL, CREMATION, 22b. DATE THEREOF/ 22c. NAME OF CEMETER	Y OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	1	FUNIAL CREMATION, 22b. DATE THEREOF, 22c. NAME OF CEMETER SEMOVAL (Specify) 5/95 2. ADDRESS FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Y OR CREMATORY 22d. LOCATION (City, town, or county) (State) 24a. REC'D BY REGISTRAR, 24b. REGISTRARS/SIGNATURE

er death, Page 4

	HTARO SORTH		
		eres ivease	
		- Andrew	
	ANDRES		
	an annual		HI HANGE CHANCES TO NO WOOD
	and Compared of		
*	gold with a country to	*	The same of the same
	Mary Additional of the		
		The American State of the State	
			and the second second
		Maria Properties	Maria Telephone Co. Co. Co.
BUREAU V. Z.			
The state of the s	AND THE STATE OF T		
LEB 45 1823	middelic Contenue		The second of the second of
BE- 1N			
BECENED	nos grandi . Fel	e	and the second
	III Commo		The state of the s

15M 9/55

DATE

Con and art	
	The second secon
	The state of the second state of the state o
BUREAU V. S.	
BUREAU V. S.	
BUREAU V. &	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		MACA SANCE		
21	1 1/4 mail	Elian		
			Carles wints speciments	
	$(1/2)_{1/2} = (\sqrt{2})_{1/2} \log g$. L	tak sata ser	
			tak sata ser	
				The Wall of Maria and The State of the State
				The state of the s
Z A O	Valua			The state of the s
Z A n				The state of the s

VS A1S (4) 1SM 9/55 HTASO TO STADISTING

BUREAU V. E.

FEB 24 1958

TO FUNERAL DIRE TO HOSPITAL

VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1898 CERTIFICATE OF DEATH

01800

_		Reg. Dist, No.
1.	PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWNAIT autside carparate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO.
	NAME OF DECEASED (Type or print) JOHN THOMAS BA	4. DATE Month Day Year OF DEATH 7 18 1958
	male White WIDOWED DIVORCED	DATE OF BIRTH 9. AGE (In years last birthday) 9. AGE (In years last birthday)
3	do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRALING MY MORE OF BUSINESS OR INDUSTRALING MY MARKET OF BUSINESS OR INDUSTRALING MY MA	mal 7.5. A.
	Samuel Barnett	14. MOTHER'S MAIDEN NAME See
IS. IYe	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INF es. no. or unknown) (II yes, give wor or dates of service) LAME M	to D. C. Lyon - Supersible, and
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAPAGE & QUARANTE	t arteriselerotie Interval BETWEEN ONSET AND DEATH
	Canditions, if ony, which) (b) wart drawn,	cardie failure, henne Dec 57
	gave rise to immediate case (a), stating the under- lying cause last, DUE TO (c) knowledge lay justing	by Uremin. 7et 58
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNE	OF RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		(Enter nature of injury in Part I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. PLAC factor 419 at wark 119 at wark 120e. PLAC	E OF INJURY (Home, farm, ry, street, affice bldg., etc.) (City or tawn) (Caunty) (State)
	21. I certify that I attended the deceased from Dec	1957, to 18 7, 1958, that I last saw the deceased accurred at 12:45AM, from the causes and an the date stated above
	ACTUAL SIGNATURE STANDER & Hall	ADDRESS. (Street, city or town, state) ADVINUE (1874)
	PHYSICIAN'S HOWAYD E. HALL	SYKESVILLE, MD,
220	Burial, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CO	CREMATORY 22d. LOCATION (City, town, or county) (State)
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS OF SMELLE !	24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE
		FEB 2 4 58 all Jesuch

Let set 16.7 to Control with the real missions made and advantage

FEB 24 1958



(Stole)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARYLAND STATE BEFARTMENT OF HEALTH—DALIMORE, 18 CERTIFICATE OF DEATH

ald half gard	HEASU TO ST	ADMINISTRAÇÃO	
		AND THE PROPERTY OF THE PARTY O	reflecting by (HVOF-ABVRILL) / - extracting grap Low AbVVR
			LESCHITTON OF
-Y-1	STANTS OF THE		10 aves 1 - distant
	No. of the last of	Demonstrate Linears	The state of the s
			Carles of
BUREAU V. E	Times	Most full to 31	Service and the
LEB 52 1958	The second second	an enter to live and the source of	The Country
ME ALEGENALEM	BUT THE COMME	5 4 65 5 0 AV 13 - 5 C	LINE AND A

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau

death. Page 4

TO HOSPITAL

VS A15 (4) 15M 9/55

	1. PLACE OF DEATH 0. COUNTY Carroll MARYLAND					2. USUAL RESIDENCE (Where deceosed lived. If institutions Residence before admission) o. STATE b. COUNTY							
	Uar	TOLL				Maryland Allegany							
	b. CITY OR TOWN (IF RURAL and give new	outside corporate limit	ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
		esville		7 year 700	100	Cumb	perl	and	0	102	2		
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street or	ddress)		d. STREET ADDR	ESS				-	. IS RESI	DENCE
	Springfield State Hospital					142	Fre	deric	k Street				NO 📆
3.	NAME OF	Fir	st	Middle		Lost		4. DATE	Mor	nth	Day	, 1	rear .
	DECEASED (Type or print)	Ada		Wheatley		Berkshire	9	OF DEATH	11		2	1	054
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED						DATE OF BIRTH			9. AGE (In years	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.
	TP.	L.I	WIDOWED			January 28	2 7	869	lost birthday)	Months	Doys	Hours	Min.
10	T OCCUPATION	W					-		00		7ENLO	E WHAT	COUNTRY?
100	during most of work	N (Give kind af work ing life, even if retired	one 10b. K	IND OF BUSINESS OF	K INDUS			r tareign co	ontry)				COUNTRIP
	housewi	fe		home		England					unk.		
13.	FATHER'S NAME					14. MOTHER'S MAI	IDEN N	AME					
	William	Wheatley				Mary Wi	righ	t					
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES7 16. S	OCIAL SECURITY NO.	. 17. IN	FORMANT			Add	Iress			
Ye	no. or unknown)	It yes, give war or dates of s	ervice)			Spring	fiel	d Hos	pital re	cords			
=		TH [Enter only one co	i i i	for (a) (b) and (a) 1	1	D-2 4115.	4404	a not	02.002. 20		LINTE	RVAL SE	TWEEN
		TH WAS CAUSED BY:	-								ONS	ET AND	DEATH
		IMMEDIATE CAUSE (DIC	onchopneum	onra						a	7.3	
	420.0	DUE TO											
		Conditions, if ony, which) Arteriosclerotic heart disease years											
	gove rise to in cause (o), stating I		0	neralized									
	lying couse lost.	lo didei	uer	neralized a	ar te:	.Tozcter.oz	15				A.e.	ars	
Z	PART II. OTH	IER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE	TERMIN	IAL DISEASE	CONDITION GI	VEN IN PAR	1(a) 1	P. WAS	AUTOPSY
¥	Chronic b	rain syndr	ome a	ssociated	WITH	circulate	ory	distu	rbance w	ntn		PERFO	RMED?
CERTIFICATION	20a. ACCIDENT WA	arterioscl		S WITH DSY				ort I or Part	II of item 18.)				- 3
ERT	OR CONTRIBUTING	CAUSE OF DEATH	11014										
			47//	WALL DECLIPORD	20. 81.4	CE OF INUITING IN-	. 6	1206 (Cin.	- 1 - 1				(54-4-)
MEDICAL	20c. TIME OF INJUR		While	JURY OCCURRED Not while		CE OF INJURY (Homory, street, office bld			or town)	10	County)		(Stote)
WE	p. m.	19	ot work					1					
	21. I certify th	at I attended the	decease	d from July	1.	1950 to	. 3	AF	FB 295	Sthat I	ast so	w the	deceased
	alive on FE	-B 2	105	8_, and that	death	accurred at 7	10 1	M from	the courses				
	dive on			, una mar	GCGIII	occomed diggs			reet, city or town		10 00		ATE SIGNED
	ACTUAL AND	Tared Some	0.1/01	1/4		Sprin							
	SIGNATURE	rud ocora	enger		^	(.D. DOLLIN	<u> </u>	14 00	ave nost	TOST			
	PHYSICIAN'S	Gertrud Son	nenfe	ldt. M.D.		Sykes	vill	le. Ma	ryland				
	THE STATE OF THE S												
220	P. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREC)F	22c. NAME OF CEMI	ETERY OF	CREMATORY		22d. LOCAT	TION (City, town,	or county)		(State	e)
_	Burial		958	Rosehil	1 C	emetery			perland			land	
23.	FUNERAL DIRECTOR		THE S	ADDRESS			. REC'C	BY REGIST		ISTRAR'S SIG	IUTANE	7	15111
	Ruth Si	leox Cu	umber	land, Ma	ryl	and DA	TE E	EB 5	'58 U	Spea	well		ALLS
-												-	

1328 E 1328

	1811 CERTIFICATE OF DEATH Reg. Dist	1. No() 18() 3
M	1. PLACE OF DEATH o. COUNTY ARROLL MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE of ARROLL ARR	e before admission) OLL
	b. CITY OR TOWN (If autside carporote limits, write RURAL ond give nearest town) UNION BRIDGE VEARS UNION BRIDGE	
00	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION BROADWAY BROADWAY	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) LELA ADELA BOHN DEATH FEB	8 19 5 8
-	TEMALE WHITEWIDOWED DIVORCED 7/29/18 18 10st biglingoy) Months	Doys Hours Min.
I	16c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 4. CITI 4. MOTHER'S NAME 14. MOTHER'S MAIDEN NAME	ZEN OF WHAT COUNTRY?
aurs afte	SAMUEL CROUSE MARTHA SHRINE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	R
nin 72 h	1/2 is, no. or yinknown] [If yes, give wor or dates of service] [If yes, give wor or	BRIDGE INTERVAL BETWEEN ONSET AND DEATH
event with	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 592 X DUE TO	ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate codes (o), stating the <u>under-lying cause lost.</u> See See See See See See See See See Se	
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 Volume Of INJURY Month, Doy, Year 20d. INJURY OCCURRED Not while of work of w	ounty) (Stote)
101100	alive an 2-8-, 1954, and that death accurred at 6:50 PM, from the causes and an th	
	ACTUAL SIGNATURE DIN Legg M.D. Milion Pringle	NA Z-8-58
	PHYSICIAN'S T. H. TIEGG MD UNION BRIDGE	me
The registror	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 27. NAME OF CEMETERY OR CREMATORY ADDRESS ADDR	(Stote)
, 4	DD. Fartzlutson sillneow Bridg Majore FEB 1 3 '58 Owner	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

er death. Page 4

EEB 13 1328

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		The Sales
BUREAU V. S.		A STORY
BECEINE		
a dill Color		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

death, Page

MARYLAND STATE DEPARTMENT OF HEALTH SALTIMORE, 18 CERTIFICATE OF DEATH

	33779304 352 346	SPECIAL PROPERTY.		
Carlle Action	Maria Sala (1-30 India)		i toquati	
		and the state of		70
Cay Euro	A WEST Browning of Tribes		Equilibrium (1995)	
	artes a constant of the consta	F-		
	And And America		10 t loss 3.2000 b	o Tell
		Control of the contro	20010- 210	
h in	- Teller of trafficus fo	pho om		2
	and the objection of the first	Leftinger (L. Farafri		6) (ILEO 31)
22247	e te de la company	natra essiviere		
		Could nick to	To inferious to	4 4 4
M. MANAGITA				Ar series
8367 03 831	From a state of the		10 (8 = 0, 1 - pgpm)	
OBAGO TO		199377		

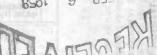
- UAS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Page = death. oug requires that the death TO FUNERAL DIRE

VS A15 (4)

				20 AND 10
170 m 1 m	Home young			
And HAND		1.75		
				Marine Land
				. Section of
			Social State data t	
				The control of the co



UREAU K. E. KENEUWEIWEIWEI

TO HOSPITAL

VS A1S (4) 15M 9/55

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14.071101

	<u>,</u>	1815 CERTIFIC	AIL	OF DEAT	Н		Reg. Dis	t. No. ()	18114
	PLACE OF DEATH COUNTY Carroll	MARYLAND	2. USU o. S	Maryl		l lived. If instituti b, COUNTY	on: Residence		mission)
	b. CITY OR TOWN (If outside corporate limi RURAL and give nearest town) Sykesville	c. LENGTH OF STAY IN 16 21yrs.8mos.22		Crambe	outside corpor	rote limits, write R		ive nearest	town)
	d. NAME OF HOSPITAL (If not in hospitol, so or institution Springfield State H	give street oddress)	d.	STREET ADDRESS	ginia Av	ve.		e. IS	RESIDENCE N A FARM?
	DECEASED	Lee Donahueviddie BR	INHAI	Lost A	4. DATE OF DEATH	Mon Febru		Day 4,	Yeor 1958
5.	SEX 6. COLOR OR RACE White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	1	OF BIRTH -	200	9. AGE (In years lastribirthday) yrs.		Days Ho	NDER 24 HRS. urs Min.
100	. USUAL OCCUPATION (Give kind of work during most of working life, even if retired Unknown	done 10b. KIND OF BUSINESS OR IND	USTRY 11.	BIRTHPLACE (Stor		ountry)		S. A.	HAT COUNTRY
	^{ғатнек} s маме Benjamin F. Brinham		P	other's maiden		in			
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FOR		Spi	ringfield	d Hospi	tal Reco			
	18. CAUSE OF DEATH [Enter only one concept of the course o	Arteriosclerot	ic he	eert dise	ease			INTERVA ONSET A Lea	L BETWEEN ND DEATH TS
CERTIFICATION	C.B.S. associated w psychotic reaction 200. Accident Was underlying or contribution of Cause of Death	DITIONS CONTRIBUTING TO DEATH BUTCH CITC. CLIST. WITH		***			VEN IN PART WITH	1(o) 19. W PE YES	AS AUTOPSY REORMED?
MEDICAL CEI	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Ye Hour o. m. 19	or 20d. INJURY OCCURRED 20e. If While Not while of work of work	PLACE OF octory, stro	INJURY (Home, for eet, office bldg., e	rm, 20f. (City	or town)	(C	County)	(Stote)
	21. I certify that I attended the alive an Feb. 3, ACTUAL SIGNATURE SUBSTITUTE OF PHYSICIAN'S Agustin delo	Lel Churco		red at 1:15	ADDRESS (Stield St.	the causes of reet, city or town, ate Hosp	and an th		
220	BURIAL, CREMATION, 22b. DATE THERECONSTRUCTION FLORING THE PROPERTY OF THE	DF 22c. NAME OF CEMETERY SUBJECT OF CEMETERY ADDRESS	OR CREM	1	Bacu		Cla	ul. Ce	Stote) Md
23	TONERAL DIRECTOR'S SIGNATURE	Daniel	m	24a. REG	EB 1 0 '5		STRAR'S SIG	NATURE	

FEB 10 1823



Berneley and The Section of Systems of State (1911) The Section of Language (1911) The

M

r death, Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou

1816 **CERTIFICATE OF DEATH** Reg. Dist. No. (11808

_												
1.	PLACE OF DEATH o. COUNTY Ca	erroll		MARY	LAND	2. USUAL RESIDENCE (V	Where deceased yland	d lived. If instituti b. COUNTY		tgor		ion)
	b. CITY OR TOWN (If RURAL and give ne	outside corporate limi arest tawn)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (II	f autside corpo	rote limits, write R	URAL and	give nea	rest fawr	1)
	Sykesvil	lle		19 days		Rockvil	le			15	26.	2
	OR INSTITUTION	AL (If nat in haspital, g				d. STREET ADDRESS	77 33	D		1		FARM?
		ld State Ho				Glen Hills	1		W-1			NO ()
3.	NAME OF DECEASED (Type or print)	Lucy	•	Murray		BURDETTE	4. DATE OF DEATH	Febru		3,		Year 19 58
S.	SEX		7. MARI	RIED NEVER MARRI	ED 🗌	8. DATE OF BIRTH	- 000	9. AGE (In years lgst birthdoy)	Months	1 YEAR Days	Hours	ER 24 HRS.
	Female	White	WIDOW			November 15	-	69 yrs.				
10	during most of work Housewife	ing life, even if retired	done 10b.	KIND OF BUSINESS C	OR INDU	STRY 11. BIRTHPLACE (SION Maryland	Market Co.	ountry)	12. CIT		S.A	COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S MAIDEN					10 6 11	•
	Joseph My	irrav				Hannah O	wings					
15.	WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY NO), 17, 1	NFORMANT		Add	ress		- 111	
	No	m yes, give wor or other birs	ervice;	_		Springfield	Hospita	al Record	ls			
				ne for (o), (b), and (c).]					INTE	RVAL BE	TWEEN
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Bronchopne	umon	ia	Ballic			ONS	Day	S
	491X	MOEKO										
	Conditions, if ar)	Arterioscl	erot	ic heart dis	ease				Yea	rs
	gove rise to in couse (o), stoting t			Conoraliza	dan	terioscleros	ia				Yea	ma
7	lying couse lost.) (c)									
Į.						NOT RELATED TO THE TER		E CONDITION GIV	EN IN PAR	T 1(0) 11	PERFC	RMED?
FICA						eriosclerosi		. II - 6 'b - 20 's			YES [NO 🔽
MEDICAL CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	ZUD. DES	CKIRE HOW INJURY O	CCURRE	D. (Enter noture of injury in	n Port I or Por	I II of item 18.)				
DICA	20c. TIME OF INJURY Hour a.m.	Month, Doy, Yes	While		20e. PL fo	ACE OF INJURY (Home, for ctory, street, office bldg., e	rm, 20f. (City	or lown)	(0	County)		(Stote)
×	p. m.	IY		k ot work		-1 -20						
	21. I certify the	at I attended the	deceas	ed from Janu	ary	14, 19 58, to F	ebruary	19. 19. 20	,that I	last sa	w the	deceased
	alive an Febr	ruary 2,	125	O, and that	death	accurred at 7:00				he dat		
	ACTUAL O	anitais	00	el Com	he	Chainaf		treet, city or town,			2/	ATE SIGNED
	SIGNATURE	justim,	-	e, crown	THE	M.D. Springi	Tera 2	tate Hosp	Tear		- 4	2/20
	PHYSICIAN'S NAME (Type)	Agustin del	Camp	o, M.D.		Sykesvi	lle, Ma	eryland				
22	g. BURIAL, CREMATION	N, 22b. DATE THEREC)F	22c. NAME OF CEM	ETERY O	R CREMATORY	22d. LOCA	MON (City, town,	or county)		(Stot	e)
	REMOVALISPECIFY)	Feb. 5,19	958		ard	Chapel	L	ong Cor				
23.	FUNERAL DIRECTORS	Molesur	the	Damas cu	ıs,	Md . 240. RE	C'D BY REGIST	1200	STRAR'S SI	CHATUR	E	
	-	100001				DATE	0 00	1 1 had 0	Rosella			

TO HOSPITAL VS A15 (4) 15M 9/S5

A C Tage out Think I have ben't L. years. The transfer Compared to the C radiosa, so fartos ili percini

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1817 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY Filed b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) C. LENGTH OF STAY IN 16 RURAL and give nearest tawn) d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS PESIDENCE OR INSTITUTION ON A FARM? YES T NO TH C NAME OF Middle 4. DATE Month Year DECEASED DEATH (Type or print) 19 5 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 7. MARRIED TO NEVER MARRIED 9. AGE (In years last birthdoy) Months Days Hours WIDOWED T DIVORCED [6 yrs. papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Naturalized DOST 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cho 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: DUE TO Huntington's chorea Canditians, if any, which gove rise to immediate DUE TO coese (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES T NO D 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II af item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day. Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) o. m. While Nat while at wark p. m 12-20 ... 1958 that I last saw the deceased 21. I certify that I attended the deceased from M, from the causes and an the date stated above. and that death occurred at. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE DIRE shauld PHYSICIAN'S NAME (Type) FUNER 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) poge REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/S5

CESTINICATE OF DEATH BUREAU V. L. 8361 81 835

I

		į	1819	CERTIFIC	ATE O	F DEATH	1		Reg. Dis	118	11
1.	PLACE OF DEATH COUNTY Carroll			MARYLAND	o. STA		nere decease	d lived. If institutio b. COUNTY	n: Residence	before o	idmission)
	b. CITY OR TOWN (RURAL ond give n Sykesvil d. NAME OF HOSPI' OR INSTITUTION	le, Maryl	and	c. LENGTH OF STAY IN the 12 de	Be	OR TOWN (IF of litimore EET ADDRESS		orate limits, write RU	JRAL ond gi	03x	s RESIDENCE
3.	Springfi NAME OF	eld State	Hospi First	tal Middle	32	4 South	4. DATE	Mant	h		Yeor
	DECEASED (Type or print)	Rosina	(Rose)	Ciancuilli	Co	paldo	OF DEATH	February	У	18	19 58
	sex Temale	6. COLOR OR RA		RIED NEVER MARRIED DE DIVORCED DIVORCED	8. DATE OF	BIRTH . 1866		9. AGE (In years last birthday) 9 yrs.			UNDER 24 HRS. ours Min.
10	during most of wor	king life, even if ret	ork done 10b. ired)	KIND OF BUSINESS OR IND	JSTRY 11. BI		or foreign c	ountry)	12. CITIZ		VHAT COUNTRY?
13	FATHER'S NAME					HER'S MAIDEN N	MAME				
	Felix Cia	ancuilli			A	arie Ca	nciall	Le			W. E.
15 (Y	WAS DECEASED EVE ss. no. or unknown) NO	R IN U. S. ARMED (If yes, give wor or dole	FORCES? 16.	social security no. 17.	Spring		Eate IA	Addr Ospital F		ls.,	mare è
		ATH [Enter only on ATH WAS CAUSED I IMMEDIATE CAUS	BY:	ne for (a). (b). and (c).]	.on					ONSET.	AL BETWEEN AND DEATH
	420.1 Conditions, if o	iny, which	chi Chi	ronic Myocardi	tis	C.				10	yrs.
	gave rise to i couse (a), stating lying couse last.		(c) Ger	neralized Arte	rioscl	erosis				15	yrs.
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN TARE 40 12. WAS AUTOPSY Chronic Brain Syndrome associated with senile brain disease with psychologics No 13										
CERTIFI	20%. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING DEAD CAUSE OF DEAD MEDICAL EXAMIN	TH	CRIBE HOW INJURY OCCURR	ED. (Enter na	lure of injury in	Part I ar Par	t II of item 18.)			
MEDICAL	20c. TIME OF INJUI Havr a. m. p. m.		Year 20d. II While at war	Not while f	LACE OF INJ actory, street,	URY (Home, farm office bldg., etc	n, 20f. (City	or town)	(Co	ounty)	(State)
	21. I certify the alive an2.	nat I attended -18	the deceas	ed from 1-7	h accurred			n the causes at	nd an th	ast saw e date	the deceased stated above. DATE SIGNED
	SIGNATURE	rell!	1/1/	astm	M.DS	pringfi	eld St	ate Hospi	ital		2-19-5
L	PHYSICIAN'S NAME (Type)	Morrell N	. Mast	in, M. D.		vkesvil.	le, Ma	ryland			
22	BURIAL, CREMATIC REMOVAL (Specify Burial	2/ 24/ 5		Holy Redeeme				TION (City, town, a			(State)
23	FUNERAL DIRECTOR	'S SIGNATURE	MA CELL	ADDRESS			D BY REGIST	TRAR 24b. REGIS	TRAR'S SIG	NATURE	
	John A.	Moran -3	000 E.	Baltimore St	reet	DATE	E025	·53 Qu	1-200	ich	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S. 8367 SS 83

Come A Moran -0000 & Go of some Schedule Schedule

THE PARTY OF THE P

death, Page

requires that the death certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	TE OF DEATH	CERTIFICA		
		Paralle and		OLE .
	.072			
	MANUAL TO ALL TO		And the second	3,899
	2.0			
		ni († ar cara este al		
ne is or				
the little and the control in	of the section of the		1 (1) (1) (1) (1) (1) (1) (1) (1	
FEB 52 1958	rodkej at raing i la Mari			
DECENAED	ens and whomas	9 9 8 8		

01812

certificate has been signed by the attending physician and campletely filled in by	e as the buriol-transit permit. Then please remove carbon popers. Pages I and 2 world be filed with	M
by	19 2 s	
<u>ٿ</u> .	9	
fille	ges	
tely	0	
nple	ers.	
00	dod	to
and	Pon	er de
ign	5	To o
hysic	Jove	Ours
9 p	ren	72 h
ndir	eose	P.
otte	du	wit
the t	The	ven
d by	nit.	uny e
gnec	per	. <u>c</u>
is us	nsit	oug
bee	-tro	Jo.
hos	urio	ation, or removal, and in any event within 72 hours after death.
cate	he b	or re
ertifi	os t	do.
Ü	•	=

er death. Page 4

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

0 0 0
0 6 7
E 19 8'E
9 5 5
0 = 0 3
a e e
그 モモ >
h
S Pie
9 6
5 . 5 4 .=
Sis G
3 0 0 0
MOSPITAL ATTENDING PHYSICIAN: The low requires that the death cer may be retained by the hospital or ottending physician. D FUNERAL DIRE PR: After this certificate has been signed by the attending page 3 should be Sclached for use as the buriol-transit permit. Then please ret the registrar prior to burial, crematian, or remayal, and in any event within 72?
o o s b e
上のようと
3. E 5 0 5
A proper
D # # 2 C
50 0 0 0
T 0. 8 5 0
- 1 to
0 2 2 5 0
A ST P
344
m 4 0 0
2 2 0
0 5
A SE
A Peto
S ts
S T T C S
2 55.6
The Day
0 0
TO HOSPITAL ATTENDING PHYSICIAN: The low requires that the death cer may be retained by the hospital or ottending physician. TO FUNERAL DIRE PR: After this certificate has been signed by the attending page 3 should be Schacked for use as the buriol-transit permit. Then please ret the registrar prior to buriol, cremation, or remaval, and in any event within 72?
VS A 15 (4)

								Keg. Dist.	140.
1. PLACE OF DEATH o. COUNTY	Carroll		MARYLAND	2. USUAL R	Maryla		lived. If institution b. COUNTY	wasnı	ngton
	(If autside carporate limi	te write	c. LENGTH OF STAY IN 16	c CITY C			ote limits, write RU		VO VYVY
Sykesvil	learest town)	iis, willie	lyr.lmo.29day		Ba1446	1111	Hagerston		2.103.
d NAME OF HOSPI	TAL (If not in hospital, geld State H	give street	oddress)	d. STREE	T ADDRESS 20	07 E.	Washingt	on St.	UN A FARME
Springile	erd oface u	ospi	cal	144	o Nathe	y/ by	//Ba1/tb//	1.	YES NO
3. NAME OF DECEASED (Type or print)	Fir Os	car	McClelland	CUMMI	NGS	4. DATE OF DEATH	Februa		Doy Yeor 10. 1958
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DATE OF B	IRTH				YEAR IF UNDER 24 HRS.
Male	White	WIDOW	ED 🔄 DIVORCED 🗌	June	26, 188	32	75 yrs.	Manths D	ays Haurs Min.
100. USUAL OCCUPATION	ON (Give kind of work rking life, even if retired	dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRT	HPLACE (Stote	or foreign co	untry)	12. CITIZI	EN OF WHAT COUNTR
Retired Co			wn Business	Ma	ryland			U	.S.A.
13. FATHER'S NAME				14. MOTHE	R'S MAIDEN N	AME			
David Cu	mmings			Sus	an Hawb	aker			
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17. 1	NFORMANT		Ce-	Addre	ess	
(Yes, no. oc unknown)	(If yes, give war or dates of t	iervice	- 8	Springf	ield Ho	spital	l Records	3	
18. CAUSE OF DE	ATH [Enter only one co	use per li	ne for (o), (b), and (c).]						INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY:		Arteriosclero	tic hea	rt dise	ease			ONSET AND DEATH
420.				7	271311				
Conditions, if			Generalized an	rterios	clerosi	5			Years
gave rise to	immediate Due To	,							
lying cause last.	the under-			Ch 125					
C.B.S. as	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED	to the Termine, with	cereb	condition givi	EN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO TO
C.B.S. as C.B.S. as Co. Accident in or contribution of contr	A UNDERLYING LI G CAUSE OF DEATH Y MEDICAL EXAMINER)	chot.	CRIBE HOW INJURY OCCURRE	D. (Enter natur	e of injury in f	Part I or Part	11 of item 18.)		TIS O NO DA
			100 0			1000 100			40
20c. TIME OF INJU Hour a.m. p. m.		While	Not while fa		Y (Hame, farm, ffice bldg., etc.		or lawn)	(Co	unty) (State
	hat I attached the		sed from Dec. 11,	105	6 Feb	שייו ב ווייני	70 1058	Abot I In	at sow the decase
alive on Fe				17.2	3 • CCE) M C	1929, 1929	_,mar i la	isi saw me deceas
alive on 4 6	or dary 10,	, 1½_	, and that death	occurred			reet, city or town,		DATE SIGN
ACTUAL	mestrai	100	Caucha	Sn			ate Hospi		2/10/58
SIGNATURE	gown	<u>acc</u>	- Church	M.D			400 11000		2/10/20
PHYSICIAN'S NAME (Type)	Agustin del	Campo	o, M.D.	Sy	kesvill	le, Ma	ryland,		
220. BURIAL, CREMATI	ON, 22b. DATE THEREC	OF	22c. NAME OF CEMETERY C	R CREMATOR	r	22d. LOCAT	ION (City, town, a	r county)	(State)
Burial (Specify	2/13/1	958	Rose Hill Ce	metery		Hager	rstown,	I	Maryland
23 FUNERAL DIRECTO	r's signature zer Funeral	Home	ADDRESS	363	240. REC'	BY REGIST	PAR 246 REGIS	TRAR'S SIGN	NATURE
R. F. hl	of Perme	1101110	Hagerstown,	MG	DATE	EDIO	100	itedu	ich

THE RELEASE Participant to the first the property A STREET, LEASURE STREET, STRE the state of the second was a second of the Allow constitutions in the Legisland a series that the control of the con na karanga karanga 1965 at mangangan mengangan karangan pangan karangan at 1968 merupakan karangan 1968 merupak (2 2 2 3 0

TO HOSPITAL

VS A15 (4) 15M 9/55

M

15

I

	ARYLAND	STATE	DEPARTMENT	OF	HEALTH-B	ALTIMORE,	14	Į
--	---------	-------	------------	----	----------	-----------	----	---

1821 **CERTIFICATE OF DEATH**

N

01813

						Keg. Dist. IV	10.
1. PLACE OF DEATH		MARYLAN	II a STATE	SIDENCE (Where dec	reased lived. If instit		efare admission)
Carrol			V	arvland		City	
b. CITY OR TOWN RURAL and give	(If autside carporote limits, wri	te c. LENGTH OF STAY IN 1	16 c. CITY O	ebietuo II) NWOT S	corporate limits, write	RURAL and give	nearest town)
Sykesi		12 y 9 m 8	d Balt	imore. Md		31	01.4
	ITAL (If not in haspital, give str			ADDRESS			e. IS RESIDENCE ON A FARM?
Spring	field State Ho	ospital	1711 B	ethel Str	eet		YES NO
3. NAME OF DECEASED	First	Middle		ost 4. D/		lanth	Day Year
(Type or print)	Grace	L	Dean		ATH 2	2 2	3 19 58
5. SEX	6. COLOR OR RACE 7. N	ARRIED NEVER MARRIED	8. DATE OF BI	TH -	9. AGE (In yea	rs IF UNDER 1 YE	AR IF UNDER 24 HRS.
Fam		OWEDY DIVORCED		72	last birthday) Manths Day:	s Haurs Min.
100. USUAL OCCUPAT	ION (Give kind of work done)			S Pro			OF WHAT COUNTRY?
during most of wo	orking life, even if retired)						
housev	viie			est Virgi	nia	U.S.	A
13. FATHER'S NAME			14. MOTHER	'S MAIDEN NAME			
Charle	es N. Mayers		Lou	ise Yoh			
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 1	7. INFORMANT	15 00	A	ddress	
(101, 110, or onknown)	no	unkn	Carinefi	old Hound	tal Record	10	
IN CAUSE OF D	EATH [Enter anly ane couse po		Dhr mar i	era mospi	DAT THEOLE		NTERVAL BETWEEN
Canditions, if gave rise to couse (a), stating lying cause last	the under-	NIS CONTRIBUTING TO DEATH	BUT NOT BELATED	TO THE TENNINAL DI	SEASE CONDITION		A NASC ALITOPEN
CPABILSO	THE SOCIETY TO THE STATE OF THE	ente brain di	sease wit	n bsych r	egetion of	SIVEN IN PART I(0)	PERFORMED? YES NO
	VAS UNDERLYING ☐ 20b. G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	IRRED. (Enter noture	af injury in Port 1 a	r Part II af item 18.)		
YOC. TIME OF INJU Haur o. m. p. m.	10 W	d. INJURY OCCURRED 20e hile Not while work at wark	PLACE OF INJURY factory, street, aff		(City or town)	(Count	ty) (State)
21. I certify to alive an	that I attended the dece 2-23-	958, and that de	ath accurred o	12:00 PM, ADDRE		s and an the c	
PHYSICIAN'S NAME (Type)	Edmund Lusth				Maryland		
REMOVAL SPECIF	7-70	8 22c. NAME OF CEMETER	Y OR CREMATORY		OCATION IGN, tow	or county)	(Stote)
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	,, /	24o. REC'D BY R	EGISTRAR 24b. RE	GISTRAR'S SIGNAT	TURE
ki	Lucy -	there of	fames!	DATE FFR 2	6 '58 00	. (7
				1-237	0 30 11		

	THE T CERTIFICATE OF DEATH	
	The special delicate states of the second states of	ALCO CASE
	A STREET OF STREET	
	ZEAT A 30 HTANE	
	STATE OF STA	
		The second of the second
) 4 K		
	Outer to the Market of the Control o	the distribution
		AND THE PERSON OF STREET AND ADDRESS OF STRE
	The second secon	18 TO 18
ROWERS	week with the property of the property of the contract of the	Charles in Lympa 1973
FEB SG 1959	- man	
LEB SG 13CS		2744027177
DECENARI	aren ar a mariam e la companie e e	
NI VIBINE	Note to provide and the second	Walled April 1981 1

FOR STATE HEALTH DEPT.

funercector. Page Health, State Book of Health,

DEPUTY M. CAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay it xecute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral should be for death of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained FUNERAL DIRECTOR: Page 3 should be used as a burial-transity permit. File pages 1 and 2 with the State B it is designated agent, priar to burial, cremation, ar removal, and in any event within 72 hours after death.

5		10	•
VS.	Al	SME	
51	W 2/	57	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 21 C. 1. 48

		1						
1. PLACE OF DEATH	Carroll			2. USUAL RESIDENCE		ed lived. If institu		
			MARYLAND	Mary.	2 01000		Carror	
and give negrest town	f outside corporate limits, write		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I				nearest town)
	Mt. Air		25 yrs		- IVI Ce	Airy, I	WLC.	T
d. NAME OF HOSPIT	TAL OR INSTITUTION (I	f not in hos	pital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
				Buffa.	lo Ro	oad		AE2 NO
3. NAME OF DECEASED (Type or print)	CASPER	1	Middle D	ILLER	4. DATE OF DEATH	Month FEB	/	Year 1958
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER TYEAR	IF UNDER 24 HRS.
male	white	WIDOWED	DIVORCED	12-28-1881		(opt-burhday)	Months Days	Hours Min.
100. USUAL OCCUPATION	ON (Give kind of work of	lone 10b. K	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	e or foreign co	ountry)	12. CITIZEN C	F WHAT COUNTRY
farme	ng life, even if retired)	0	wner	Maryl	and		U.S	
13. FATHER'S NAME		-		14. MOTHER'S MAIDEN				
	John H.	Dill	er	Ida M.	Kreg	Lo		
	ER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17.	INFORMANT		Address		
IYes, no. or unknown) NO	(If yes, give wer or dates of	letvice]	? M	rs. Ella M	. Dill	Ler, S	ame	
1110-1111111111111111111111111111111111	TH [Enler only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	se per line	for (o), (b), and (c).]	acelian	0-		ONS	Cucules
4-20.1	DUE TO	da	Q.				16,	The second second
Conditions, if a	diote couse	100	onerg Sa	sufficien	ey,		4	720
(a), stating the couse lost.	underlying DUE TO			0 ,				
CATIC		DITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PART I(o)	19. WAS AUTOPSY PERFORMED?
200. EXTERNAL CA PRIMARY OF OF CO CAUSE OF DEATH.	USE WAS DITRIBUTING 1	b. DESCRIBE	E HOW INJURY OCCURRED.	Enter noture of injury in Po	et I or Port II	of item 18.)		
20c. TIME OF INJU	IRY Month, Doy, Yeo	While	£	CE OF INJURY (Home, for tory, street, office bldg., etc	m. 20f. (City	or fown)	(County)	(State)
21. I certify t	hat I took charge	of the r	emoins described abo	ove, held an Autap	sy 🔲, In	spection .	Inquiry 🔀	, and in my
opinion death	resulted from: 1	Natural o	causes Accident	, Suicide ,	Homicide	. Undete	rmined monn	er 🔲
ACTUAL SIGNATURE	Lacues J.	Th	and	M D CHIEF MEDICAL E	EXAMINER [DATE SIGNED
EXAMINER'S	AMES T.	MA	RSH	ASSISTANT MEDICAL		7		2-20-58
	ON, 226. DATE THEREO	F	22c. NAME OF CEMETERY 4	- CALIFORN	22d. LOCAT	10N (City, town,	or county)	(Stole)
BURIAL	2-22-1	958	Prospect		Fred	erick C		
23. FUNERAL DIRECTOR			ADDRESS	24a. REC	'D BY REGIST	RAR 24b. REGI	STRAR'S SIGNATU	JRE
C. M.	Waltz, W	infie	eld, Md.	DATE E	ER9 4 1	0 000	1 -1	1



FEB 24 1958



*

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	HTABO 30 BT		
	HAMHON TANKS	e Tipolita (mente de la	
			The company and process are to come to the company and the company are to the company and the company and the company are to the company and the company are to the company and the company are to the company are to the company and the company are to the company
(Month la Child la)			
BUREAU V. E.			
1928 1928 1928 I			gree of bottom (call years) (6) If a contract of the call years of the call
IN CEINE			T DANS
	W 100 - 100	AND THE PROPERTY OF	

824	CERTIFICATE	OF DEATH
Car	CERTIFICATE	OI PEAIII

	•	1824	CERTI	FIC	ATE OF DEATH	1		Reg. Di	st. No	181	16
1.	PLACE OF DEATH o. COUNTY Carroll		MARY	LAND	2. USUAL RESIDENCE (Who o. STATE Mary)		d lived. If institute b. COUNTY			re odmiss	ion)
	b. CITY OR TOWN (If outside corporate	limits, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If or	ulside corpo	prote limits, write RI	URAL and	give nec	prest lown)
	Sykesville		12 days		Silver	Sprin	g /	55	6.3		
	d. NAME OF HOSPITAL (If not in hospi OR INSTITUTION Springfield State				d. STREET ADDRESS	lesvi	lle Rd.				IDENCE FARM? NO
3.	NAME OF	First	Middle		Last	4. DATE	Mon	th	Do	ly '	Yeor
	DECEASED (Type or print)	Ruth 1	Marie Edwa	ards	DURST	DEATH	Febru	ary	20		19 58
5.	SEX 6. COLOR OR R. White	ACE 7. MARR	NEVER MARRIED DIVORCE		8. DATE OF BIRTH December 27,	1899	9. AGE (In years lost burthdoy) 50 yrs.	Months	Doys Doys	IF UNDE Hours	R 24 HRS. Min.
10	o. USUAL OCCUPATION (Give kind of v	ork done 10b.	KIND OF BUSINESS O	R INDU	STRY 11. BIRTHPLACE (Stote	or foreign c	country)	12. CI	TIZEN C	F WHAT	COUNTRY
	during most of working life, even if re Housewife	fired) C	wn home		Pennsyl	vania			U	.S.A	
13	FATHER'S NAME	-			14. MOTHER'S MAIDEN N						
	Theodore Edwards				Addie Br	own					
	. WAS DECEASED EVER IN U. S. ARMED		SOCIAL SECURITY NO	. 17. 1	NFORMANT	1	Addi	ess			
1	No (If yes, give war or dat	es of service)	-	S	pringfield St	ate H	ospital				
F	18. CAUSE OF DEATH [Enter only o	ne couse per lis	ne for (o), (b), and (c).						INT	ERVAL BE	TWEEN
	PART I. DEATH WAS CAUSED IMMEDIATE CAU	BY: Br	onchooneum	onia						SET AND	DEATH
	Conditions, if any, which	exac Ar			cardiovascul	ar di	sease			ears	
	lying cause last.	E TO									
CERTIFICATION	C.B.S. associated	with in	ntracrania.	I in	fection (ence	phali	tis) with	EN IN PAI	RT 1(o) 1	9. WAS PERFO YES	RMED?
CERTIF	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH	CRIBE HOW INJURY O	CCURRE	D. (Enter nature of injury in F	Part I or Por	rt II of item 18.)				
MEDICAL		-	NJURY OCCURRED Nat while k ot work		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.		y or town)	((County)		(State)
	21. I certify that I attended alive on February 20. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Edmund In	Just	Maus		occurred at 10:20	AM, from	m the causes of treet, city or town. ate Hospi	ind an t		te state	
22	o BURIAL, CREMATION, 22b. DATE TH	EREOF	22c. NAME OF CEM	ETERY C		22d. LOCA	TION (City, town, o			(Stot	
	CREMATION 2/24/5	8	FT. LINCO	LN (CREMATORY	PRIN	ICE GEO.	COUNT	Y, A	MARYI	AND
23	FUNERAL DIRECTOR'S SIGNATURE	phuey	ADDRESS SILVER SF	RING	G, MD. 240. REC'I	PEB 2 5	TRAR 246 REGIS	STRAR'S SI	GNATU	RE	

neral director, may be retained by the hospital or attending physician.

TO FUNERAL DIRE 18. After this certificate has been signed by the attending physician and campletely filled in by 1 page 3 shauld be delached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 is the registrar prior to burial, cremotion, or removal, and in any event within 2 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou

death; Page 4

M

15

TO HOSPITAL VS A15 (4) 15M 9/55

	. H7	AND TO BE	CERTIFICA		
	100				
		NAME OF THE OWNER O	2 4 1 1 2 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Tellippin all					
			atenda la mare		
	with the locar .			and the Burnellan	
4 4 4		STEPPEN IN		OF THE PARTY	STARKET
		publish		nigany	
	Carried and an experience	E FAMILIA NO.	n in Germanians		
SEVA X Z.					THE PROPERTY OF THE PROPERTY O

Littlestown, Pa.

DATE FEB 2 5 '58

death.

VS A15 (4) 15M 9/55

AND REAL PROPERTY. Manufacture and the second The work of the control of the control of 8961 EE 888

in displaying

00

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1826 CERTIFICATE OF DEATH

Reg. Dist. No. 11818

1. PLACE OF DEATH a. COUNTY ADDRESS MARYLAND	a. STATE MARY I AND b. COUNTY / ARRAL
b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
RURAL and give nearest town) RURAL MESTIMIAKTER VEARS	RURAL X WESTMINSTER
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle DECEASED (Type or print) WILLIAM L F	ARVER DEATH FEB / 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH OCT 17-1875 9. AGE (In years lat birthday) Manths Days Haurs Min. P2 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIES OF I	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTR 14. MOTHER'S MAIDEN NAME
ROBERT L FARVER	REBECCA SHIPLEY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III	PS WILRUR NAILL WESTMINSTER R.S.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	EUMONIA INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the <u>under-lying cause last.</u> (b) DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Arterio Selenotre Cardio Vascul	TNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.) (City ar tawn) (Caunty) (State)
ACTUAL SIGNATURE SECURES J. Monch	n occurred at 10 AM, from the causes and on the date stated above ADDRESS (Street, city or layin, state) ADDRESS (Street, city or layin, state) DATE SIGN A. 10 5 E. March 1 - 2-1-5
PHYSICIANIS AMES T. MARSH	Westerneter md
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF BURIAL Specify) 2/4/5 8 EBENEZ	PR CREMATORY 22d. LOCATION (City, town, or county) (State) ER WINFIELD MD
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

may be retained to \$12,6 WST (v) \$12,6 WST (

BUREAU V. S. 100



VS A15 (4) 15M 9/55 M

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

1827 CERTIFICATE OF DEATH

Reg. Dist. No. 819

1.	o. COUNTY	arroll			MARYLAND	2. 0	STATE	ryla	-	d lived. If inst b. COUI	194	-	efore odmis	
F	b. CITY OR TOWN (III RURAL ond give ne tural - Syk		ts, write	c. LENGTH OF	/	il .	city or tow	/N (If ou	itside corpoi	rote limits, wri	16 RURAL	ond give	nearest tow	n) 🗸
	OK INSTITUTION	AL (If not in hospitol, g					d. STREET ADDI	RESS						SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	Paul	st		Middle		FIEDOR		4. DATE OF DEATH		Month Druar	У	Day	Yeor 1958
	male	6. COLOR OR RACE White	WIDOW	VED DIV	ORCED	1	TE OF BIRTH				ors IF UN (y) Moni		AR IF UND	- Aug
L	o. USUAŁ OCCUPATIO during most of work UNKNOWN FATHER'S NAME	N (Give kind of wark ing life, even if retired	done 10b	KIND OF BUSIN	IESS OR INDU		unknother's MA	wn		ountry)			ed St	ates
	unknown						unknown							
15. (Ye	WAS DECEASED EVER	IN U. S. ARMED FOR f yes, give wor or dates of s		SOCIAL SECURIT		NFOR	ds of S	prin	gfiel	d State	Address S Hos	ykes	ville	, Md.
	PART 1. DEAT 420.1	TH [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	Co	ronary o	cclusio		3.	. 7	3:		ess t	han	hou:	DEATH
z	Conditions, if on gove rise to im couse (o), stoting t lying couse lost.	he under DUE TO	Gen	erioscle eralized	arter:	ios	clerosi	s		m	ore t	han	2 weel	ars
CERTIFICATION	Schizoph	renic read	tion		renic t	typ	е					PART 1(o	PERFC	AUTOPSY PRMED?
	OR CONTRIBUTING	MEDICAL EXAMINER)												
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yee	While at wo		foc	ACE O	F INJURY (Hom- treet, affice bld	e, farm, g., etc.)	20f. (City	or town)		(Coun	[†] y)	(State)
	21. I certify the alive an Fe	valle	deceas _, 19_		that death		, 19 56 to pring at 5 Spring	A	DDRESS (Str	eet, city or to	s and a wn, stote)	i I last	date state	deceased abave. ATE SIGNED 2/6/58
	PHYSICIAN'S NAME (Type)	alter Knop	p, M	I.D.			Syke	svil	le, M	arylan	d			
220	BURIAL, CREMATION REMOVAL (Specify)	22b. DATE THEREO	8	Mr. NAME OF	CEMETERY OF	CRE	MATORY BOO	No.	13a	ION (City, tow	n, or coun	ly)	(Stot	e)
23.	FUNERAL DIRECTOR'S	SIGNATURE	0	Resul	16.	14		REC'D	BY REGISTR	. (GISTRAR'S	SIGNAT	TURE	

MARYLAND STATE DEPARTMENT OF HEALTH-DALTINGHE, 18

CERTIFICATE OF DEATH

TOTAL THE STATE OF THE STATE OF

BUREAU V. S.

FEB 11 1958

BECEINED

24/11/200

Artes Argen

Charles and constitution of

01820

=	1mg
=	A. A
8	
1	
8	
43	

death; Page 4

may be retained by the hospital or attending physician.

O FUNERAL DIRE

R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be setached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sithe registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death. may be retained TO FUNERAL DIRE

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hav

TO HOSPITAL VS A15 (4) 15M 9/55

	,		CERTITI	47	IL OI DEAII	•		Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY Carrol	1		MARYLAI	4D	2. USUAL RESIDENCE (W o. STATE Maryland	here decease	b. COUNTY	n: Resider		odmis	sion)
b. CITY OR TOWN	(If outside corporate limits	, write	c. LENGTH OF STAY IN	1ь	c. CITY OR TOWN (IF	outside corpo				est town	n)
RURAL ond give	ville		3 yrs. 15 d	lay	Hancock			2/1	122	0	
d. NAME OF HOS OR INSTITUTION	PITAL (If not in hospital, giv		oddress)		d. STREET ADDRESS				e	ON A	SIDENCE A FARM?
3. NAME OF	First		pital Middle		Lost	4. DATE	Mon	16	Day		Yeor
(Type or print)		liam		200	FINK	OF DEATH		uarv	7.0		19 58
5. SEX		بالباشان السائر كالبرعالة	Abraha		DATE OF BIRTH		9. AGE (In years		- de	Z	ER 24 HRS.
Male	White	WIDOWI	ED DIVORCED	5	11-3-1882		75 76 yrs.	Months	Days	Hours	Min.
10o. USUAL OCCUPA during most of w	TION (Give kind of work dearking life, even if retired)	one 10b.	KIND OF BUSINESS OR I	NDUS'	TRY 11. BIRTHPLACE (Stole	or foreign o	ountry)	12. CI	TIZEN OF	WHAT	COUNTRY
unknown			-		Marylar	nd			U.S	5.A.	
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
unkn	own				unkr	nown					
15. WAS DECEASED E	VER IN U. S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		Addi	ess			
no	-		-	ST	ringfield St	tate H	ospital R	ecore	is		
18. CAUSE OF D	DEATH [Enter only one cou	se per lis	ne for (o), (b), and (c).]						INTER	EVAL BE	ETWEEN DEATH
PART I. D	EATH WAS CAUSED BY:		Bronchoone	umc	mia				ONSE	Dav	
420.0											
Canditions, if	ony, which) (b).		Arteriopol	arc	tic heart di					Ve	ars
gave rise to	immediate (DUSTO				VOIC HEALV (I)	35435					010
lying couse los	ng the under-		Generaliza	d e	rteriosclero	oni e				Ye	ars
Z PART II. C	THER SIGNIFICANT COND	ITIONS (E CONDITION GIV	EN IN PAR	tT 1(o) 19	. WAS	AUTOPSY
PART II. C 49/XC 20g. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTI	hronic brain	svn	drome associ	ate	d with arter	ri ogoli	aroeie				NO K
20a. ACCIDENT					. (Enter noture of injury in						4.61
OR CONTRIBUTIN	NG CAUSE OF DEATH										
	URY Month, Day, Year	20d. II	NJURY OCCURRED 20	e. PLA	CE OF INJURY (Home, for	n. 20f. (Cit	v or town)		County)		(Stote)
20c. TIME OF INJ	n. 10	While	Not while	foci	ory, street, office bldg., et	c.)			,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
_	n.	_	k of work		1	1	70 70				
127	that I attended the	deceas									
alive on	ebruary 19	, 19	20 , and that de	gth	accurred at 2:00				he date		
	> +	10	1 B V				treet, city or town,			D.	ATE SIGNE
SIGNATURE	gustu	ace	6 Camps	10 M	Springfi	eld S	tate Hosp	ital		2	/19/5
PHYSICIAN'S	/										
NAME (Type)_	Agustin de	L Car	npo, M.D.		Sykesvil	le, Ma	aryland				
220. BURIAL, CREMAT	TION, 226. DATE THEREOF		22c. NAME OF CEMETE	RY OR	CREMATERX	22d. LOCA	TION (City, town,	or county)		(Stol	le)
Burial	2.24.58		Dt.Peters	Ce	tholic	Hanc	ock Wash	ing	ton	Md.	
23. FUNERAL DIRECTO	OR'S SIGNATURE	500	ADDRESS		24a. REC	D BY REGIS				E	
alous	. 0 2 11.	0	1	. 4	hand DATE		0	. /		1	

CERTIFICATE OF DEATH make. FEB 25 1958

lifed with	M	\
be !		
PE		

er death. Page 4

OSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour y be retained it; the haspital or attending physician.

UNERAL DIR R: After this certificate has been signed by the attending physician and completely filled in by 1 as 3 should be erached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 stregistrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

0	maj	TO FL	pog • he	
1	S /	9/	(4) '55	

	1829	CERTIFI	CATE	OF DEAT	H		Reg. Dist.	No.	
1, PLACE OF DEATH G. COUNTY Carroll		MARYLAN		SUAL RESIDENCE (W. STATE Maryl		ived. If institution b. COUNTY		before admi	ssian)
b. CITY OR TOWN (If outside carpora RUPAL and give nearest town) Sykesville	te limits, write c	LENGTH OF STAY IN 1	1b c	Emmitsbu	0.000		RAL and give	e nearest for	vn)
d. NAME OF HOSPITAL (If not in hosp OR INSTITUTION Springfield State				STREET ADDRESS				ON	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type ar print)	First Charles			Lost FITZ	4. DATE OF DEATH	Month Febru		Day 5,	Year 1958
Male White	WIDOWED	_	J	11y 26, 18	68	lost rihday) 9 yrs.	Months Do	YEAR IF UNI	
10o. USUAL OCCUPATION (Give kind of during most of working life, even if a Laborer	work done 10b. Klf refired)	ND OF BUSINESS OR IN		Marylan	d	ntry)		S.A.	T COUNTRY
13. FATHER'S NAME LEVIFITZ			14.	Ellen Wi					
15. WAS DECEASEDEVER IN U. S. ARME (Yes. no. or unknown) (If yes. give wor or de	ntes of service)	ONO -	Sprin	mant ngfield Ho	spital	Records	:15		
18. CAUSE OF DEATH [Enter only PART I. DEATH WAS CAUSE! IMMEDIATE CA	D BY: Ry	for (a), (b), and (c).	onia					INTERVAL I ONSET AN Day	D DEATH
Canditians, if any, which gave rise to immediate couse (a), stoting the under-	(b)	teriosclero						Yes	
PART II. OTHER SIGNIFICAN' C.B.S.associated OR CONTRIBUTING CAUSE OF D OF CONTRIBUTING CAUSE OF D	r conditions con with ci		BUT NOT I	RELATED TO THE TERM	INAL DISEASE	condition GIVE	N IN PART II With	PERF	
	DEATH INER)	BE HOW INJURY OCCU	JRRED. (Ent	er nature of injury in	Part I ar Part I	l of item 18.)			
20c. TIME OF INJURY Manth, Day Hour o. m. p. m.	While	JRY OCCURRED 20e Not while at wark	e. PLACE O foctary, s	F INJURY (Home, for street, office bldg., etc.	m, 20f. (City o	r town)	(Cou	unty)	(State)
21. I certify that I attended alive an Feb. 5.	the deceased			, 19 <u>57</u> , to F urred at 1:2 5	P_M, fram		nd on the	date sta	
ACTUAL SIGNATURE ELGISTIN	n del	Camp	∑ M.D.	Springfi	eld Sta	te Hospi		2/	5/58
NAME (Type) Agustin 220. BURIAL, CREMATION, 22b. DATE T		M.D.	RY OR GRE	Sykesvil		yland ON (City, tawn, or	County)	(Ste	ote)
Bur 1a1 2/8/	1958	Inited Bre	ethre		Thurm	ont, Fr	eder		0 • Mc
Stalling	a Em	mitsleur	4.7	mul DATE	n 1 0 '58	0	/ -	1	

	TE OF DEATH	CERTIFICA	
The section of the	A TOTAL PROPERTY OF		Trees.
	en e de alle a pres es la cil. Sendet a	Control (Cal	
	e ogot.		A TAIL STATE OF THE
n n			
			A A A
	player day () - North () Sec.		and the second second second
		42243	
		the seem to the line	
	ALL STREET		Anna de de la
BUREAU V. &			
and the property of the best laws.	E AT THE R. S. C. LEWIS CO., LANSING.	within the law of the	and the same of the same awilling



Winfield.

Maryland

VS A 15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Carroll c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES X NO Month Day Yeor FEB. 22 1958 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours yrs 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Same INTERVAL BETWEEN ONSET AND DEATH ne 111 6 (3) PERFORMED? YES NO T (County) (Stote) 1958, that I last saw the deceased and that death occurred at 7:15PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) 22d. LOCATION (City, town, or county) (Stote) Carroll Co. Maryland

24b. REGISTRAR'S SIGNATURE

24g. REC'D BY REGISTRAR

158

DATE FFR 2 5

A story of the same in the same of the same and the same of the sa LEB 52 1828

1	-	
has been signed by the attending physician and completely filled in by a funeral director.	urial-transit permit. Then please remove carbon papers. Pages 1 and 2 s. 3-4 be filed with	
led in by	1 1 and 2 s.	,
ampletely fil	apers. Page:	h.
ician and co	e carbon pc	s ofter deat
ending phys	lease remov	thin 72 hour
by the att	it. Then p	ly event wi
been signed	transit perm	moval, and in any event within 72 hours after death,
has	riol	MOM

iter death. Page 4

	attending physician and cample	please remove carbon papers.	within 72 hours after death.
	the	Ther	event
may be retained of the nospital of attending physician.	TO FUNERAL DIRECTR: After this certificate has been signed by the attending physician and cample!	page 3 shauld be a ached far use as the burial-transit permit. Then please remove carbon papers.	the registrar priar to burial, crematian, ar removal, and in any event within 72 hours after death,
Time nos	DR: Afte	evached	to burial,
may be retained	TO FUNERAL DIRE	page 3 shauld be	the registrar prior

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour

.2. 1	OUR CERTIFICA	AIE OF DEAIR		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	ere deceased lived. If instituti b. COUNTY	ian: Residence befare admission)
b. CITY OR TOWN (If outside carporate limits, a RURAL and give neorest town)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	iutside carporate limits, write R	URAL and give nearest town)
	20 years	Baltimore		3101,4
d. NAME OF HOSPITAL (If not in haspital, give OR INSTITUTION	street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Springfield State Ho		2233 N. Cal v	ert St.	YES NO
3. NAME OF First DECEASED	Middle	Lost	4. DATE Mor	nth Day Year
19 1 1 1 1	Herbert	Frizzel	OF DEATH Febru	uary 9 1958
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	
male white w	IDOWED DIVORCED	Nov.23 1878	79 yrs.	Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dan- during most of working life, even if retired)	e 10b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State	or fareign country)	12. CITIZEN OF WHAT COUNTR
electrician (ret'd)		Maryland	(Baltimore)	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
James Wm Frizzel		Margaret	Ann (unkno	wn)
15. WAS DECEASED EVER IN U. S. ARMED FORCES	16. SOCIAL SECURITY NO. 17.	INFORMANT		ress
(Yes, no. or unknown) (If yes, give war or dates of service		Records of Spr	ringfield State	e Hospital
18. CAUSE OF DEATH [Enter only one cause				LINTERVAL RETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		usion		ONSET AND DEATH
420.0 DUE TO	001011019 0001	4011011		
Conditions if any which)	Arteriosclerot	ic Heart Dises	920	l year
gave rise to immediate	WI OUT TOUCHELOW	TO HOUTO DIDGE		2 3002
cause (a), stating the under- lying cause last.	Generalizêd A	ntaniagalarasi	e	10 years
				VEN IN PART 1(g) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDIT Schizophrenia 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				PERFORMED? YES NO 🔀
20a. ACCIDENT WAS UNDERLYING 201	b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in 1	Port I ar Part II af item 18.)	TO LO TO LA
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	20d. INJURY OCCURRED 20e. Pt	LACE OF INJURY (Home, farm	20f. (City or town)	(Caunty) (State)
Hour a.m.	While Nat while fa	ictory, street, affice bldg., etc.		
		. 1956 to Fe	ebr. 8 1958	
21. I certify that I attended the de				,that I last saw the decease
olive on Febra 8	158and that death			and on the date stated abov
ACTUAL WELL	4 KUNINIA	A STATE OF THE STA	ADDRESS (Street, city or town,	SIGNE DATE SIGNE
SIGNATURE	1/4/	M.D	February 9, 1	920
PHYSICIAN'S NAME (Type) Walter Knopp	/ - 1	x Springfie	eld Stae Hospi	tal, Sykesville, MD
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town,	ar caunty) (State)
BURIAL 2-12-58	Loudon Par	k Cemetery	Baltimore,	Md.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRES\$	24a. REC'		STRAR'S SIGNATURE
William Cook, Inc., 1	217 St. Paul Str	eet DATE FF	B11 '58 UU	feduch

		eran is mor
et pur d'all	12	

EEB II 1828



1832 CEDTIEICATE OF DEATH

- (1	1	8	2	4
1	7	and the		3	A,

de la			.1.	O O L	CERT	IFICA	IE OF DEA	П		Reg. Di	st. No.		
M	1. 1	county Car	roll		MAR	YLAND	2. USUAL RESIDENCE a. STATE Ma	(Where deceasery)	ed lived. If institution b. COUNTY	Balt			ion)
1	1	CITY OR TOWN (IF RURAL and give new Sykesvil	outside corporate limit rest tawn)	ts, write	13 day			. Chest	orate limits, write R	URAL and		resi lawn) 🗸
5		NAME OF HOSPITA	eld State	ive street Hosp:	oddress)		d. STREET ADDRES	S	, Marylan	d		ON A	FARM?
		NAME OF DECEASED Type or print)	Fin Ge	orge	Middle	e	GOMBERT	4. DATE OF DEAT		uary	12,		Year 19 58
	5. 9	^{EX} Ma le	6. COLOR OR RACE White	7. MARI	RIED NEVER MARR	ED C	ecember 1,	1875	9. AGE (In years birthdoy) yrs.	Months Months	J YEAR Days	Hours	R 24 HRS. Min.
		Unknown	N (Give kind of wark on ng life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUST	Maryla	nd	country)		IZEN O		COUNTRY
	13.	Frank Gim	bert				14. MOTHER'S MAID Regina						
	15. (Yes		IN U. S. ARMED FOR f yes, give wor or dates of si		SOCIAL SECURITY NO		FORMANT pringfield	Hospit	al Record				
_			H WAS CAUSED BY:	A	ine far (o), (b), and (c)		heart dis	ease			ONS	RVAL BE ET AND Car	DEATH
		Canditions, if an gove rise to in cause (a), stating the tying couse last.	mediote (G	eneralized	arte	rioscleros	is			3	lear	8
0	CERTIFICATION	C.B.S. du	er significant con e to cereb	ral.	contributing to Di arterioscl	erosi	NOT RELATED TO THE T	ERMINAL DISEA	SE CONDITION GIV	EN IN PAR	T 1(o) 19	PERFO	AUTOPSY ORMEDA NO
		200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY	OCCURRED	. (Enter nature of injur	y in Port I or P	ort 11 of item 18.)				
	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	While of wor		20e. PLA foci	CE OF INJURY (Home, ory, street, office bldg.	farm, 20f. (C , etc.)	ity or town)	(1	County)		(State)
		21. I certify the alive on Febr		deceas , 12_			occurred at 8:	50AM, fre	om the couses o	ond on t		te state	ed obov
1		ACTUAL SIGNATURE	ustn	del	2 Camp	10_ N	Spring		Street, city or town,			2/1	2/58
1			gustin del						Maryland				
2		REMOVAL (Specify)	Let 12	5/58	TOLY	Rod	senier	03	alling (City, town,	ne	-	(State	e)
(3)	23	PUNERAL DIRECTOR'S	Herura	Sons	ADDRESS (12)	ans	at DATE	B 1 8 '58	STRAR 24b. REGI	STRAR'S SI	GNATUR	t	

may be retained by TO FUNERAL DIRE TO HOSPITAL VS A1S (4) 1SM 9/55

death, Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be

The state of the s EXECUTE AN AREA OF THE PROPERTY OF THE PARTY - 225301 A STATE OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PROPERTY OF THE PARTY O and stoom shotyets Lighter by (as)

FEB 18 1958



THE PERSON OF TH

FOR STATE HEALTH DEPT.

ritor. Page trior. Page or files.

TO DEPUTY M. AL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be formed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained 10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

2

2

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03094 Reg. Dist. No.

PLACE OF DEATH		X -								
Can		833			2. USUAL RESIDENCE	_	sed lived. If institu	Υ		
	roll autside corporate limits, write	DIJDAI	c, LENGTH OF STAY	/LAND		yland			hingt	
and give nearest town)					c. CITY OR TOWN		porofe limits, write	KUKAL ond	give negre	st town)
Sykesvil		the same of the sa	13yrs-Limos	- 11		rstown		210:	3,2	
	AL OR INSTITUTION (I			es)	d. STREET ADDRESS					ON A FARM?
	Leld State	Hospit	cal		Unkn	own			YE	s No 🔀
NAME OF DECEASED	Fie	8	Middle		Lost	4. DATE OF	Mont	h	Doy	Year
(Type or print)	Mary		Virginia		GREEN	DEATH	Febru	ary	25,	1958
S. SEX	6. COLOR OR RACE	7. MARRIET	NEVER MARRIE				9. AGE (In years feet birthday)	IF UNDER 1		INDER 24 HRS
Female	White	WIDOWED	DIVORCED	25	April 7, 1	908	49 yrs.	Months [Days Ho	urs Min.
Oa. USUAL OCCUPATIO	N (Give kind of work of	done 10b. Ki	ND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Sto	te or foreign	country)	12. CITIZ	EN OF WE	AT COUNTRY
Housework	y me, even in temedy		Affect		Marylan	d		U.	S.A.	
3. FATHER'S NAME		,			14. MOTHER'S MAIDEN					
John Luthe	er Green				Bessie :	Scuffir	15			
5. WAS DECEASED EVE			OCIAL SECURITY NO.	17. INF	ORMANT		Address			
No No	(if yes, give war or dates at s	tervice)	nonl	Sp	ringfield l	Hospita	1 Record	S		
	H [Enter only one cou	se per line fo	or (o), (b), and (c).						INTERVAL B	ETWEEN D DEATH
	H WAS CAUSED BY: IMMEDIATE CAUSE (o)	Pu	lmonary en	nboli	sm				Hou	
465X	90/0/90									
Conditions, If ar	ny, which) (b)	Br	onchopneur	nonia					Day	rs
gove rise to immed										
I IOI Siction the u										
(a), stoting the u	(c).									
couse lost.	(c).	N.S.Sy	philis, men	iingo	encephalit:	MINALDISEAS Le, with	e condition Given psychot	IEN IN PART	PE	RFORMED?
couse lost.	ER SIGNIFICANT CONT SOC. WITH C.	b. DESCRIBE	philis, men	iingo eacti RRED. (Ent	encephalit: on. er noture of injury in P	ic, with	psychot	/EN IN PART		RFORMED?
Couse Iost. C.B.S. ass C.B.S	ER SIGNIFICANT CONT SOC. WITH C.	N .S . Sy b. DESCRIBE lipped	philis, men re How INJURY OCCUP & fell or	ningo eacti RRED. (Ent n icy	encephalit: on. er noture of injury in P road.	LC, With	of item 18.)	ic	YES	REFORMED?
Couse Iost. C.B.S. ass C.B.S	ER SIGNIFICANT CONTROL OF CONTROL	b. DESCRIBE Lipped r 20d. IN	philis, men re How INJURY OCCUP & fell or	iingo eacti RRED. (Ent icy Oe. PLACE	encephalit: on. er noture of injury in P	co, with	of item 18.)	i.c	YES	RFORMED?
COUSE TOST. C. B.S. 288 200. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH. 20c. TIME OF INJUR HOUR O. M. T. P. M.	ER SIGNIFICANT CONTROL OF CONTROL	b. DESCRIBE Lipped 1 20d. IN While of worl	PNIIIS, men re HOW INJURY OCCUR LE fell or HJURY OCCURRED Not while of work	ingo eacti RRED. (Ent icy Oe. PLACE foctory HOS	encephalit: on. er noture of injury in P road. OF INJURY (Home, fa y, street, office bldg., e pital	rm. 20f. (City S)	of item 18.)	ic (Cour Carr	YES	RFORMED? NO [
C. B. S. ass C. B. S. ass 200. EAST II. OTH C. B. S. ass 201. EAST II. OTH PRIMARY II. OTH PRIMARY II. OTH CAUSE OF DEATH. 20c. TIME OF INJUR Hour o. m. T. p. m. II.	ER SIGNIFICANT CONTROL SOC. WITH C. SE WAS ITRIBUTING S Y Month, Doy, Yea	b. DESCRIBE Lipped r 20d. IN 8 While of worl	POLITIS, mer. THOW INJURY OCCUPATED JURY OCCURRED Not white of work Emoins described	ingo eacti RRED. (Ent icy Oe. PLACE foctory HOS	encephalit: on. er noture of injury in P road. OF INJURY (Home, fa y, street, affice bldg., e pital e, held on Autop	rm. 20f. (City S)	of item 18.) or town) rkesville nspection [8].	(Cour Carr	YES	RFORMED? NO [
Couse lost. C.B.S. 285 200. EXTERNAL CAU PRIMARY Dor CON CAUSE OF DEATH. 20c. TIME OF INJUR Hour o. m. T. p. m. 21. I certify th opinion death	SE WAS STEED OF THE PROPERTY O	b. DESCRIBE Lipped r 20d. IN 8 While of worl of the re	POLITIS, mer. Tellow INJURY OCCUR LE fell or JURY OCCURRED LE ON White More work Province of work Accidented to the courses Le of work Le of	ingo eacti RRED. (Ent icy Oe. PLACE foctory HOS	encephalit: on. er noture of injury in P road. OF INJURY (Home, fa y, street, affice bldg., e pital e, held on Autop	rm. 20f. (City C.) Sy	of item 18.) or town) rkesville nspection [8].	ic (Cour Carr	YES	RFORMED? NO [
C. B.S. ase C. B.S	SE WAS STEED OF THE PROPERTY O	b. DESCRIBE Lipped r 20d. IN 8 While of worl of the re	POLITIS, mer. Tellow INJURY OCCUR LE fell or JURY OCCURRED LE ON White More work Province of work Accidented to the courses Le of work Le of	ingo ecti RRED. (Ent 1 icy Oe. PLACE foctory HOS d obove	encephalit: on. er noture of injury in P road. OF INJURY (Home, for, street, affice bidg., e) pital. e, held on Autop], Suicide [],	m. 20f. (City Sy Sy 1	of item 18.) or town) rkesville nspection undete	(Cour Carr	YES	RFORMED? NO [
Couse lost. Cobe So asset Cob	SE WAS STEED OF THE PROPERTY O	b. DESCRIBE Lipped r 20d. IN 8 While of worl of the re	POLITIS, mer. THOW INJURY OCCUPATED JURY OCCURRED Not white of work Emoins described	ingo ecti RRED. (Ent 1 icy Oe. PLACE foctory HOS d obove	encephalit: on. er noture of injury in P road. OF INJURY (Home, for y, street, office bldg., e pital e, held on Autop], Suicide [],	m. 20f. (City) Sy Homicide	of item 18.) or town) rkesville nspection ** Undete	(Cour Carr	YES	(State) Md.
200. EXTERNAL CAUPRIMARY OF CONCAUSE OF DEATH. 20c. TIME OF INJUR HOUR OF INJUR 21. I certify the opinion death	SE WAS STEED OF THE PROPERTY O	b. DESCRIBE Lipped r 20d. IN 8 while of the re Natural co	HOW INJURY OCCURE HOW INJURY OCCURE JURY OCCURED LIVERY OCC	ingo ecti RRED. (Ent 1 icy Oe. PLACE foctory HOS d obove	encephalit: on. er noture of injury in P road. OF INJURY (Home, for, street, affice bidg., e) pital. e, held on Autop], Suicide [], M.D. CHIEF MEDICAL	m. 20f. (City) Sy Sy Homicide EXAMINER	of item 18.) or town) rkesville nspection , Undete	(Cour Carr	YES	(State) Md.
Couse Iost. C.B.S. ass C.B.	SE WAS SE	b. DESCRIBE Lipped 1 20d. IN 8 While of the re Staturol co	HOW INJURY OCCURE HOW INJURY OCCURE JURY OCCURED LIVERY OCC	ingo acti RRED. (Ent 1 icy 0e. PLACE foctor HOS d obove	encephalit: on. en noture of injury in P road. OF INJURY (Home, fa y, street, affice bldg., e pital e, held on Autop], Suicide [], M.D. CHIEF MEDICAL ASSISTANT MEDICAL DEPUTY MEDICAL	m. 20f. (City SJ	of item 18.) or town) rkesville nspection , Undete	(Cour Carr Inquiry	YES	(State) Md.
Couse lost. C. B.S. asset C. B.S. asset 200. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH. 20c. TIME OF INJUR Hour o. m. p. p. m. 21. I certify the opinion death ACTUAL SIGNATURE EXAMINER'S NAME (Type) 20c. BURIAL, CREMATION	SE WAS OC. WITH C. SOC. W	b. DESCRIBE Lipped 1 20d. IN 8 While of the re Staturol co	PONITIS, mer Te HOW INJURY OCCUR L & fell or JURY OCCURRED L Of work Emoins described Duses , Again L.D.	ingo acti RRED. (Ent 1 icy 0e. PLACE foctor HOS d obove	encephalit: on. en noture of injury in P road. OF INJURY (Home, fa y, street, affice bldg., e pital e, held on Autop], Suicide [], M.D. CHIEF MEDICAL ASSISTANT MEDICAL DEPUTY MEDICAL	rm. 20f. (City SJ) rsy 1 Homicide EXAMINER CAL EXAMINER 122d. LOCA	of item 18.) v or town) rkesville nspection [], Undete	(Cour Carr Inquiry	YES	(State) Md. Ond in m TE SIGNED

The second second second with the Lating of the Profit of S. THE PART OF MANY PROPERTY. 2. V. UAJAUĄ USI VISIDER

0

834 It	cem CER	RTIFIC	26.3- ATE	OF C	BATH
834			77 1 60	01 2	

Reg. Dist. No. (11825

4 4 4 1		
1. PLACE OF DEATH O. COUNTY ARROLL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE b. COUNTY d.M.	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) E I year 2 m	c. CITY OR TOWN (If autside corporate limits, write RURAL and gi	ve negrest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street address) ORINSTITUTION SPRING FIELD So HOSPITAL	d street ADDRESS 219 North High Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) DOROTHY ELIZABETH	GROSS 4. DATE OF DEATH FEBRUARY	Day Year 17 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		YEAR IF UNDER 24 HRS. Days Hours Min.
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES LADY	STRY 11. 8IRTHPLACE (State or foreign country) 12. CITIL	ZEN OF WHAT COUNTRY? $15A$,
JOHN T. PHILLIPS	14. MOTHER'S MAIDEN NAME ANNA C. 52180	TT
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN [Yes, no. or unknown] (If yes, give wor or dates of service)	RECORD- IN HOSP	ITAL
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: MYOCARDIAL IMMEDIATE CAUSE (a)	INFARCTION	INTERVAL BETWEEN ONSET AND DEATH AM NULL
1/2/1/ DUE TO	THROMBOSIS	minutes
Iying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PS YCHOSIS WITH PIDE 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter noture of injury in Port I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Not while at work 20d. INJURY OCCURRED PLANT 19 While Not while at work 20d. INJURY OCCURRED Fac. 20d. INJURY O	ACE OF INJURY (Home, farm, 20f. (City or town) (Cotary, street, office bldg., etc.)	ounty) (State)
21. I certify that I attended the deceased fram DEC - 1 alive an EEBRUARY, 17, 1958, and that death	accurred at 2 PM, fram the causes and an th	e date stated above
ACTUAL Rita S. Plalin	ADDRESS (Street, city or Jawn, state) M.D. Spruffeld Jewe	HOVE SIGNED
PHYSICIAN'S RITA. S. GLAHN	SYKESVILLE, M	ld.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REPROVAL (Specify) 2-18-58	R CREMATORY 22d. LOCATION (City, town, or county) FALL RIVER	(Slate) MASS.
23. FUNERAL DIRECTOR'S SIGNATURE Home - Citorevil	14, MA DATE DATE DATE	NATURE

VS A15 (4) 1SM 9/55

81 JISONITIA		
	HTA30 10 STADRIMID 1 101	
		1 10 10 11 1
	The same of the sa	
		POMANAS (A.)
		A STATE OF THE STA
		88
BUREAU V. S.		Application of the second
FFP 171		
DE VIEDELY ELL		
MENTER		

HIRA

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. N. 1826 1835 CERTIFICATE OF DEATH with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) COUNTY b. COUNTY Carroll filed v MARYLAND Maryland Carroll c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside cornorate limits, write c. CITY OR TOWN (If outside corporale limits, write RURAL and give negrest town) RURAL and give nearest town) × Rural -- Woodbine Life Rural -- Woodbine d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS Woodbine.Road NAME OF First Middle 4. DATE Month DECEASED HEWTON FEB. HIDNIA M. DEATH (Type or print) 9. AGE (In years last-birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED PA NEVER MARRIED B. DATE OF BIRTH Months 10-18-1886 DIVORCED [White WIDOWED | papers. female 10o. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) housewife home carbon 13. FATHER'S NAME Michael Brandenburg Mahala Gl ennan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address Robert R. Hewitt Same no CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ARTERIOSCLEROTIC CARDIO*VASCULAR DISEASE **DUE TO** senility any Conditions, if any, which gave rise to immediate DUE TO caese (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CATION 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED Day, Year

20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) factory, street, affice bldg., etc.)

(County)

., 19___,that I last saw the deceased

(State)

PERFORMED? YES NO NO

IS PESIDENCE ON A FARM?

22,

Days

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

YES IN NO

Vane

19

21. I certify that I attended the deceased from

22a. BURIAL, CREMATION, 22b. DATE THEREOF

o. m.

n m

and that deoth occurred at 3:30PM, from the causes and an the date stated above.

ADDRESS (Street, city or town, stote) Liberty Road at Eldersburg

(State)

ACTUAL PHYSICIAN'S

NAME (Type)

H. Lawson, Jr., M.D. Wm.

While

at work

Sykesville P.O., Maryland

22d. LOCATION (City, tawn, or county) Sykesville, Md.

REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE Waltz,

ADDRESS Winfield, Md.

Nat while

1935

22c. NAME OF CEMETERY OR CREMATORY

Springfield

of work

245. REGISTRAR'S SIGNATURE 240-RECID-BY-REGISTRAR DATE

puo mave a þ permit. peen signed burial-transit DIREC

director

c

Filled

completely

death. 6

> 0 VS A15 (4) 15M 9/55

FUNE

shauld

A MARKET SANDERS OF THE SECOND SECURITY OF THE SANDERS OF THE SECOND SECOND SECURITY OF THE SECOND S BUREAU V. LEB SU ISLO

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1828 3 1828

SUREAU V.

DATE

	1
4	4
WIL	1
De I	

er death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 have TO HOSPITAL

directal	V	1.	PLACE OF DEATH	oll		MARYLA		2. USUAL RESIDENCE (Who o. STATE Maryla)	are deceased		Baltimo		
no pe f	M			f outside corporate limi earest town)	ls, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (If o	- 4		en .	e nearest to	wn)
by i	15		d. NAME OF HOSPIT OR INSTITUTION Springfi	AL (If not in hospitol, geld State H	ospi	oddress) tal		d. street address 1660 E.Col	dsprin	ng Lane			A FAR
illed in les 1 an		3.	NAME OF DECEASED (Type or print)	Fir Blanc	he	Middle Emma		Kelso	4. DATE OF DEATH	Febru	lary	17°	Yeor
campletely filled papers. Pages 1			Female	White	WIDOWI			DATE OF BIRTH		9. AGE (In years lost birthdoy) 72 yrs.		ays Hours	3 /
and cam bon pape	dedin	L	Seamstres	ON (Give kind of work of king life, even if retired S	done 10b.	ayton bresi	S		., V3	rginia		S.A.	T CO
		13.	Benjamin	Kelso		Sh	qo	14. MOTHER'S MAIDEN N		nown)			
attending physician			WAS DECEASED EVE	R IN U. S. ARMED FOR Ilf yes, give wor or dates of s		SOCIAL SECURITY NO.		ormant Springfield	Hospi		rds		
en please	n within					ne for (o), (b), and (c).] onchopneumon	ia					INTERVAL I ONSET AN day	D DE
signed by the	ם יח מחץ פעפו		Conditions, if a gove rise to i couse (a), stating lying couse lost.	mmediate DUE TO	Art	eriosclerot		eart disease				yea	
as been ial-transi	aval, on	CATION		HER SIGNIFICANT CON	DITIONS O	contributing to DEATH	H BUT N	or related to the termination of	val DISEAS	sychotic	react:	(o) 19. WAS	S AUTO
ficate h the bur	Ee	CERTIFIE	20a. ACCIDENT W/ OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED.	(Enter noture of injury in F	ort I or Por	t II of item 1B.)			
his certi	emotion	MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	PY Month, Doy, Yes	While of wor	Not while		CE OF INJURY (Home, form ory, street, office bldg., etc.		or town)	(Cou	unty)	(
a s	nor ra bunat, cr		21. I certify the alive on Feb.		10-		leath (12058 to Feb accurred of:30 F	•M, fran	n the causes of	and an the	date sta	
RAL Dis	he registrar prior		Livering (1990)	Edmund Lust		, M.D.		Sykesville	, Md.		and the spin state and the spin spin spin spin spin spin spin spin		
TO FUNERAL page 3 shau	D P	22	REMOVAL (Specify) BURIAL	2-21-5	_	Oak Lawr		metery	Bal	timore (County		ote)
T	No.	23.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		240. REC'	BY REGIS	TRAR 24b. REGI	STRAR'S, SIGN	IATURE	

William Cook, Inc., 1217 St. Paul Street

N'Baltimore City 311 rite RURAL and give nearest town) 3 VO1-4 e. IS RESIDENCE ON A FARM? YES NO K Month ruary IF UNDER 1 YEAR IF UNDER 24 HRS. Days Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address cords INTERVAL BETWEEN ONSET AND DEATH days vears years GIVEN IN PART VO 19. WAS AUTOPSY IC reaction PERFORMED? YES NO NO (County) (Stote) that I last saw the deceased es and an the date stated above. DATE SIGNED own, stote) 2-18-58 pital wn, or county) (Stote) County

	CERTIFICA
TE SELECTION OF THE PARTY OF TH	photos Project
The second of th	at least as where the first transfer and the second
	Table of the state
	The second river of the second
The second section of the sect	HOME THE TENANT
	The state of the s
himosa lahineeli historiniase	en di la pelatra accidentation de la latera de la presidentation de la latera de latera de la latera de latera de la latera de la latera de latera de la latera de la latera de la latera de la latera de latera de la latera de latera de la latera de latera de la latera de latera de latera della latera della latera de latera de latera della lat
	E. D. C.
enney same is above	College Templated in the college of the second
	a the Statement Project Control
	Paners Terrogram of the head money . S. s
BUREAU V. S.	CANDELL CONTRACTOR AND PROPERTY OF THE PROPERT
FEB SI 1828	and the second of the second o
DECENALED SE	
	Note the second production of the second sec
	and the contract of the contract

death. Page

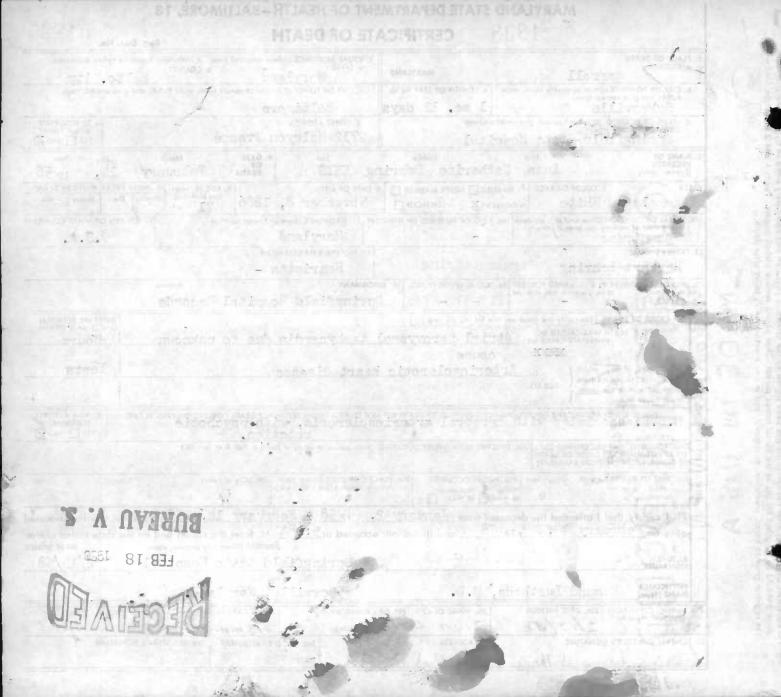
TO HOSPITAL

VS A1S (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1838 **CERTIFICATE OF DEATH** 01829

Carroll	MARYL	o. STATE		ed. If institution b, COUNTY			
	write c. LENGTH OF STAY IN			limits, write RU			
	1 mo. 12 d	ays Baltimo	ore		3	3 VO1	4
		d. STREET ADDRESS 2712 Halcy	on Avenue	е		ON	A FARM?
First Anna	Catherine De	hring KEYS	4. DATE OF DEATH			Doy 14,	Yeor 19 58
7.77. 2 A		B. DATE OF BIRTH November 8,			-		
rking life, even if retired)	ne 10b. KIND OF BUSINESS OR			γ)	12. CITIZ		
	D 1 .	14. MOTHER'S MAIDEN	NAME				
Behring He	erman Dehring	Henriett	a -				
		17. INFORMANT		Addre	ess		
(11 yes, give wor or agree of servi	217-03 -8798	Springfield F	Mospital	Records	3		
IMMEDIATE CAUSE (o)	cause			unknow	a		
	HONS CONTRIBUTING TO DEAT			chotic	N IN PART	1(a) 19. WA: PERF YES [ORMED?
AS UNDERLYING 20 3 CAUSE OF DEATH Y MEDICAL EXAMINER))b. DESCRIBE HOW INJURY OC	CURRED. (Enter noture of injury in	Part I or Port II o	of item 18.)			
RY Month, Day, Year	20d. INJURY OCCURRED 2	20- BLACE OF INTERPO CHAME AND	205 16.		10	· -	
19	While Not while at wark of ot work	factory, street, affice bldg., etc	c.)			iunty)	(State)
19	While Not while deceased from January 1958, and that could be seen to the seen	ry 2, 1958, ta Fe death accurred at 5:18A	M, from the	14, 1958 ne causes are, city or town, see Hospit	,that I lo nd an the	ast saw the	e deceased
hat I attended the dorusty 13. Edmund Lusth ON. 226. DATE THEREOF	Mode of Work o	ry 2, 1958, ta Fe death accurred at 5:18A M.D. Springfie Sykesvill TERY OF CREMATORY	ADDRESS (Street eld State	14, 1958 ne causes are, city or town, see Hospit	,that I lo nd an the tote) tal	ast saw the	e deceased
hat I attended the dorumny 13,	Mode of Work o	factory, street, office bldg., etc. TY 2, 1958, ta Fedeath accurred at 5:18A M.D. Springfie Sykesvill TERY OR CREMATORY Theran Cem	ADDRESS (Street eld State	ne causes and city or town, see Hospitand.	,that I lond an the total	ast saw the date sta	e deceased ted abave pate signed 14/58
	ineorest town) 11e ITAL (If not in hospital, give ield State H First Anna 6. COLOR OR RACE 7 White working life, even if retired) 255: Dehring He IR IN U. S. ARMED FORCE (If yes, give wor or date of service) ATH (Enter only one court ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) the under the property of the under the court of the under t	(If outside corporate limits, write neorest town) 11e 1 mo. 12 d 17AL (If not in hospital, give street address) 1 ield State Hospital 1 ind 1 i	Carroll (If outside corporate limits, write neorest lown) 11e 1 mo. 12 days Baltime d. STREET ADDRESS 2712 Halcy Anna Catherine Dehring KEYS 6. COLOR OR RACE White Widowed Anna Dehring First Anna Catherine Dehring KEYS 6. COLOR OR RACE Widowed Divorced November 8, 100, (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Store riking life, even if retired) B. DATE OF BIRTH November 8, 100, (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Store Maryland Pehring BER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Office (If yet, give wor or dates of service) ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic heart disease only, which immediate in the under cause por line for (a), (b), and (c).] ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic heart disease only, which immediate in the under cause of t	Carroll Maryland (If outside corporate limits, write c. LENGTH OF STAY IN 1b neorest fown) 11e 1 mo. 12 days Maryland Catherine Dehring Anna Catherine Dehring Middle Anna Catherine Dehring Middle Anna Catherine Dehring Middle Middle Anna Catherine Dehring Middle Middle Anna Catherine Dehring Middle Middle Middle Anna Catherine Dehring Middle Middle Middle Middle Anna Catherine Dehring Middle Middle	County C	MARYLAND C. STATE Maryland C. CUNTY Balt	Composition Composition



020	CERTIFICATE OF	DE
839	CERTIFICATE OF	DL

01830

		1839	CERTIFIC	ATE OF DEA	ATH	R	eg. Dist. No.	01830
1. PLACE OF DEATH g. COUNTY	Carroll		MARYLAND	o. STATE	(Where decessory)	b. COUNTY	Residence befor	
b. CITY OR TOW RURAL and give Sykesv	N (If autside corporate li	mits, write	c. LENGTH OF STAY IN 16 Lyr.llmos.		l (If outside corp Lmore	orate limits, write RUR	AL and give near	rest fown)
d. NAME OF HO	SPITAL (If not in hospitol,	Give street	tal	d. STREET ADDRES	ss 5. Port	Street		ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)		First hn	Middle	KIELIAN	4. DATE OF DEATH	Month Februa	ry 12	
5. SEX Male	6. COLOR OR RAC White	E 7. MARR	D DIVORCED	8. DATE OF BIRTH Unknown			UNDER 1 YEAR	Hours Min.
Unknown	working life, even if retire 1	k done 10b.	KIND OF BUSINESS OR IND	Maryla 14. Mother's Maid	and	country)	12. CITIZEN O	F WHAT COUNTRY
13. FATHER'S NAME Unknow	m			Unknown				
15. WAS DECEASED (Yes. no. or unknown) NO	EVER IN U. S. ARMED FO			INFORMANT Springfield	Hospita	Address 1 Records		
PART 1.	DEATH [Enter only one DEATH WAS CAUSED BY IMMEDIATE CAUSE	(o) Ar	terioscleroti	c myocardial	infarc	tion	ONS	RVAL BETWEEN ET AND DEATH WEEKS
	if any, which	(b) Ar	terioscleroti	c cardiovaso	cular di	sease	Ye	ears
couse (o), stall lying couse to	ing the <u>under-</u>	(c) Ar	teriosclerosi					ears
C.B.S. E DSYCHO	other significant co assoc with co otic reaction	irc.d	ontributing to DEATH BU	ebral arteri	rerminal disea Losclero	se condition given sis, with	IN PART 1(o) 15	PERFORMED? YES NO
	WAS UNDERLYING [] ING [] CAUSE OF DEAT TIFY MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OCCURI	RED. (Enter noture of injur	ry in Port I or Po	ort II of item 18.)		
20c. TIME OF IN Hour o. p.		While	Not while	PLACE OF INJURY (Home, foctory, street, office bldg.	, form, 20f. (Cit., etc.)	ly or town)	(County)	(State)
21. I certify alive an Fe	that I attended the bruary 12,	ne deceas	ed fram March 1:	2. , 19 56 , to th occurred at 10): 25 PM, fra	y 12, 1958, to the the causes and Street, city or town, sto	d an the dat	
ACTUAL SIGNATURE	lgustin	del.	- 1	M.D. Springf	ield St	ate Hospita		2/13/58
220. BURIAL, CREMA REMOVAL (Specific Policy Principle)	ATION, 226. DATE THER	EOF	22c. NAME OF CEMETERY St. Stanisla	OR CREMATORY		ryland ATION (City, town, or o timore	aunty)	(State)
23. FUNERAL DIRECT	TOR'S SIGNATURE		ADDRESS	240.	REC'D BY REGIS	STRAR 246. REGISTR	AR'S SIGNATUR	E
William	Cook. Inc.	1217	St. Paul Sir	eet. DAT	F LD 1 0 3	O PPRA	/	

TO FUNERAL DIRECTOR Asher this certificate has been signed by the ottending physician and completely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remaye corbon papers. Pages 1 and 2 shauld be detached for use as the burial-transit permit. Then please remaye corbon papers. Pages 1 and 2 shape registrar prior to burial, cremation, or remayal, and in any event within 72 hours offer death. TO HOSPITAL VS A15 (4) 15M 9/S5

uneral director.

M

15

death: Page 4

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hou

eration line has Marguing allered him to bet

Carrier Land . Jack Till A. Cont. Herecon

1840

CERTIFICATE OF DEATH

01831

PLACE OF DEATH a. COUNTY	O MENTAL BESTOCKICE WALL	1 10 1 10					
Carroll	o. STATE Marylan	1 00		ce befare admission)			
b. CITY OR TOWN (If autside carporate timits, write RURAL and give negrest town)	1	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)					
Sykesville 8 m 2 d	Baltimore	2, Md.	3 VO	1-4-			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Springfield State Hospital	d. STREET ADDRESS	oyal Avenue		e. IS RESIDENCE ON A FARM? YES NO PA			
NAME OF First Middle	last	4. DATE	Manth	Day Year			
OFCEASED (Type or print) Mary Maude	Kittlewell	OF DEATH	2	15 1958			
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH	9. AGE (In last but)		1 YEAR IF UNDER 24 HRS. Days Haurs Min.			
00. USUAL OCCUPATION (Give kind of work dane during most of working life, even if refired) housekeeper	USTRY 11. BIRTHPLACE (Stole of Maryland			S.A.			
3. FATHER'S NAME	14. MOTHER'S MAIDEN N	AME					
Robert Kittlewell	Josephi	ne Cole					
S. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (19), no. or unknown) (19 yes, give wor or dates of service)	INFORMANT S.S.Hospital R	ecords	Address				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerot: U 2 2 . DUE TO Canditians, if any, which gave rise to immediate cause (a), stating the under-lying cause last. CC. CC. CC. CONDITIONS CONTRIBUTING TO DEATH BY	ceriosclerosis		NU GIVEN IN PAP	years years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE CHRONIC Drain syndrassoc. With core Possible dementia die to Pellagra 200. ACCIDENT WAS UNDERLYING DOBATH IN (IF EITHER, NOTIFY MEDICAL EXAMINER) 201. THE CONTRIBUTION OF CAUSE OF DEATH IN (IF EITHER, NOTIFY MEDICAL EXAMINER)				PERFORMED? YES NO			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Hame, farm, factary, street, affice bldg., etc.)	(0	Caunty) (State			
PHYSICIAN'S NAME (Type) Edmind Lusthaus M.D.	th occurred at 10:45/		ises and on the town, state)	last saw the deceas he date stated abov DATE SIGN 2= 15-5			
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City.		(State)			
Burial (Specify) Feb. 18, 1958 Druid Ridge		Pikesville		Md.			

may be retained by the hospital ar attending physician.

TO FUNERAL DIRES OR: After this certificate has been signed by the attending physician and campletely filled in by I page 3 shauld be defached far use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 signed eastern prior to burial, crematian, ar remaval, and in any event within 22-haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur TO HOSPITAL

VS A15 (4) 1SM 9/S5

death; Page 4

uneral director,

NTAZO	30 374			
TOPICS TOPICS				
The first of property of the second				
			Zosou edado ofe	
BE SE SE SE				
Fig. 1.2. U.S. S.				nxnaund
atal princes			Linefield and	
	emo i di	A CONTRACTOR	The state of the s	
Accepted the 2 control of the property	th 2		T William Tellow	0-10 (10×1) (1)
		Ze Kalona Pilotopia		1 (40)(50)2
	25			
mangali ing salat vidi na militar sa tanan militar sa 1971 (1971). Mangali bindi salat sa tanan sa tanan militar sa 1971 (1971).	Est III- e brimateri		10) 1 2) 10 10 10 10 10 20 20 20 20 20 20 20 20 20 20 20 20 20	
W UAJAUB				MIRA
8367, 03, 831				
MI AISOS AIS			100 100	
MINISTRA	0013	*0	el ence - itiofe	A W MAG

00

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

841	CERTIFICATE	OF DEATH

Reg. Dist. No. 1832

1. PLACE OF DEATH o. COUNTY AND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY (LUNC)
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b NJRAL and give neoral lown)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest fown)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print) EDWA RD - H	Kneller 4. DATE Month Doy Year Kneller 10- 19-58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH Pare 30 - 1879 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? W.S. N
William Kueller	Elizabeth albaugh
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	- Charles Kueller- Maudiertes Wed
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronac	Thrombous Interval Between ONSET AND DEATH
Conditions, if ony, which) (b) artern	osclerous 5 yrs
gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO (c)	
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq NO \subseteq \)
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED to twork p. m. 19 While of work of wark	ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the deceased from Oct alive on Fish 10, 1958, and that death	occurred at 2:40 pM, from the causes and an the date stated above
ACTUAL SIGNATURE W 18 Fround	M.D. Manufacter Md. 2/11/5
PHYSICIAN'S W. H. FOATL M.	0
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O SEMOVAL (Specify) (126/13-1958 Whited	R CREMATORY 22d. LOCATION (City, town, or caunty) Israel Marchelles Mid
23. FUNERAL DIRECTOR'S SUSTIMITURE HOUR HAUFSTERS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE FEB 1 3 '58 LIFEBULA

8361 6. 83

20c. TIME OF INJURY Month.

no

20d. INJURY OCCURRED Not while of work To work

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

21. I certify that I attended the deceased from Feb. 15 ..., 1957, to Febr. 21 ..., 1958 that I last saw the deceased

(County)

ADDRESS (Street, city or town, state)

(Stote)

DATE SIGNED

(Stote)

ACTUAL

Springfield State Hospital

Sykesville, Maryland

DATE CER 2 5 '58

220. SURIAL CREMATION. Burial

PHYSICIAN'S Walter Knopp

Oak Hill Com.

Baltimore Many 24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

23 FUNERAL DIRECTOR'S SIGNATURE PAID Home, ADDRESS 2601-3-5 E. Madison St. Madison St.

10 VS A15 (4)

density of the second nad the amount of the rest BUREAU V. E. FEB BE 1958 uneral director.

death. Page 4

may be retained by the hospital ar attending physician.

TO FUNERAL DIRE OR: After this certificate has been signed by the attending physician and completely filled in by a page 3 should be retached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sithe registrar prior to burial, crematian, or removal, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hou TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1843 **CERTIFICATE OF DEATH** Reg. Dist. No. 1834

1.	PLACE OF DEATH o. COUNTY	Carroll			MARYLAND		o. STATE	d (Wh	ere deceased	d lived. If institu b. COUNT	Y	nce before		ion)
	b. CITY OR TOWN (III	f outside corporate limi	ls, write	c. LENGTH C	OF STAY IN 11	ь	c. CITY OR TO	WN (If o	utside corpo	rata limits, write	RURAL ond	give ne	arest low	1)
L	Sykesvi			since	1-19-50	6	G	erma	ntown		/	5X.	de	
	d. NAME OF HOSPIT	AL (If not in haspital, g	ive street	address)			d. STREET ADD	RESS					e. IS RES	IDENCE FARM?
L	S	pringfield	Stat	e Hosp:	ital		***************************************	F	R.F.D.	#1				NO
3.	NAME OF DECEASED	Fire	st		Middle		Lost		4. DATE OF	Mo	onth	Do		Yeor
L	(Type or print)	Grover		Daniel		INTH	ICUM		DEATH	Feb	•	22		1558
5.	SEX	6. COLOR OR RACE	7. MARI	SIED NEVER	R MARRIED] B. D/	TE OF BIRTH	1910		9. AGE (In year lost birthday)	IF UNDE Months	R I YEAR	IF UNDI	R 24 HRS.
1	male	white	WIDOW	The second second	DIVORCED		11-18-8	7		70 yr		Days	Hours	Min.
10	during most of work	ON (Give kind of work of ing life, even if retired)	done 10b.	KIND OF BUS	INESS OR INI	DUSTRY	11. BIRTHPLAC	E (Stote	or foreign co	ountry)	12. C	ITIZEN C	OF WHAT	COUNTRY?
	far						German	town	, Md		U.	S.A.		
13.	FATHER'S NAME					14	MOTHER'S MA	AIDEN N	AME					
	George	F. Linthio	cum				Ire	ne T	abler					
15.		R IN U. S. ARMED FOR		SOCIAL SECU	RITY NO. 17	. INFOR	MANT			Ad	dress			
					1	reco	rds of	Spri	ngf de	ld State	Hosp	ita]		
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b),								INT	ERVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cor	onary	occlust	ion							hra	DEATH
	1334 x	DUE TO						1.1.3						
	Conditions, if or	ny, which)	Car	nhwa7 .	awt and d	See 3	erosis	with	nemal	hotio			ahou	t
	gove rise to in cause (a), stating t	mmedione !		APT OF	Br. car. Tr	98 C T	8T.02 T2	W-11-011	reac				•	rs
	lying couse lost.	(c)							Teac	OTOIT	90ts.		y	1.9
CATION	PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING	O TO DEATH B	TON TU	RELATED TO TH	IE TERMI	NAL DISEAS	E CONDITION G	IVEN IN PA	RT 1(o) 1	PERFO	AUTOPSY RMED? NO
CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW IN	NJURY OCCUR	RRED. (Er	ter noture of in	ijury in P	ort I or Port	I II of item 18.)				
3	20c. TIME OF INJURY	Y Month, Doy, Yes		NJURY OCCUR		PLACE (OF INJURY (Hor	ne, form,	20f. (City	or fown)		(County)		(Stote)
WED	Hour o. m.	19	While at wor	k ot work		tactory,	street, office bl	dg., etc.	' -					
	21 I cortifu the	at (attended the	deceas	ed from J	an. 70	70	560	to Fo	h. 22	10 5	8	lest a	and Alexander	4
	alive an Fe		125							n the causes				
	dive dil		17-2	0	d mai dea	in acc	orrea ut_Z			reet, city or low		rne aa		ed above. ATE SIGNED
	ACTUAL SIGNATURE	me- m	_	Jarle	72		Comina		Editor I	te Hospi				5.01120
	SIGNATURE					, M.D.	-riberus	TIMI	U_RMA.	ng Hos br	yaı			
	PHYSICIAN'S NAME (Type)	artin Gross	. M.	D.			Sykesv	ille	. Md					
22	BURIAL, CREMATION	N, 226. DATE THEREO	F	22c. NAME	OF CEMETERY	OR CRE	MATORY		22d. LOCAT	TION (City, town	or county)		(Stot	e)
	Burial (Specify)	2/26/5	8		st Cer					lar Gro				
22:	FUNERAL DIRECTOR	_ //		ADDRES	S				BY REGIST		STRAR'S S	IGNATU	RE	
7	log wo	2016er	Lay	tonsv	ille,	Md,	D	ATFEB	2 6 '58	Ill.	Leau	en		
	V													

CERTIFICATE OF DEATH A CONTRACTOR THE PROPERTY AND ADMINISTRATION ADMINIS इस इस अवस ve damed to if one

01836

1844

CERTIFICATE OF DEATH

Rea. Dist. No.

				48. 0131, 140.
1. PLACE OF DEATH o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Mary]	here deceased lived. Il institutions b. COUNTY	Residence before admission) Balto.City
b. CITY OR TOWN (If outside corporate limits, writ RURAL and give nearest town) Sykesville	c. LENGTH OF STAY IN 16	e. CITY OR TOWN (IF a	outside corporate limits, write RURA	AL and give nearest town) 3 VO1, 4
d. NAME OF HOSPITAL (If not in hospital, give street or institution Springfield State Hospi	et oddress)	d. STREET ADDRESS 206 N . M	filton Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Margar	et IO	CHNER	4. DATE Month Of DEATH Februs	ary 26, 19 58
	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH January 3D,	lost hirthdoy) M	UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired) Housewife	%. KIND OF BUSINESS OR INDU	stry 11. Birthplace (Siole Marylan		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	the state of the state of the state of	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes. give wor or dotes of service)	16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Theresa Reisber Address Hospital Records:	
IMMEDIATE CAUSE (O)	teriosclerotic	cardiovascula	r disease	INTERVAL BETWEEN ONSELAND DEATH
gove rise to immediate couse (o), stoting the under-tying couse lost.	onchopneumonia			Days
C.B.S. due to arterios (200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	inal disease condition given	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Part II of item IB.)	
Hour o.m. Wh	6	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	n, 20f. (City or town)	(County) (State)
21. I certify that I attended the dece alive on 2/26/58 , 19 ACTUAL SIGNATURE	ased from and that death	occurred at 6:101	/26/58 , 19 ,tl M, from the causes and ADDRESS (Street, city or town, stat field Hospital	hat I last saw the deceased an the date stated above to DATE SIGNED 2/27/58
PHYSICIAN'S Edmund Lusth: 220. BURIAL CREMATION. 22b. DATE THEREOF	22c. NAME OF CEMETERY O		ille, Maryland	county) (State)
Burial Mar. 3, 1958	n Holy Redeeme	er Cemetery	Baltimore, Mar	yland
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Raltimore Street		D BY REGISTRAR 246. REGISTRA	AR'S SIGNATURE

unerol director. death, Page 4 D FUNERAL DIRECTOR After this certificate has been signed by the ottending physician and completely filled in by the page 3 should be introched for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 site registrar prior to buriol, cremation, or removal. and in any event within 72 haurs after death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hou

h

15

may be retained TO FUNERAL DIRE TO HOSPITAL

HIARD CERTIFICATE OF DEATH The desired the second regressive and an example the test of the RAM, The Figure 2 of the first No. 8, 1988 | 202, an occupy Constant | Bell 12,000c, 10 10 m. September 1 1980 | Septem John - House - 2000 - Salahare Stewes

		ш	-	-
		Ĭ		1
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurer for the death. Page 4		IRE TR: After this certificate has been signed by the attending physician and campletely filled in by I prieral director,	I be interched for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with	1
Poc		direc	led	,
A L		eroi	be f	1
er d	-	2	pios	1
	4	-	Es.	
10		by	9	
Č		2.	9	
24		led	5	
hin		/ FE	oge	
3		- E	4	
g		ple	ers.	
cot		PO	do	th.
exe		g	5	8
e e		0	å	2
ote		.io	8	F
fice		ysi	Ove	200
erti		-g	ea	× ×
e c		ing	se s	7
eo		end	eo	it.
9		40	6	*
+		the	The	Ven
tho		þ	-	×
Se		P	Ē	6
goil		ign	g.	
ě	ē	S C	nsit	oug
NO.	ysic.	pe	tro	al.
he	4	00	O	NO.
-	ing	9	P	rer
¥	end	Fico	the t	ō
S	=	erti	0	On,
È	ō	S	Se	nati
2	10	+	20	cre
ž	osp	fter	P P	10
S	e e	Y ::	che	črić
1	H P	å	Pito	0
<	led the haspital ar attending physician.	4	90	prior to burial, crematian, or remayal, and in any event within 72 hours, effect death.
S	8	OC.	-	, E

or FUNERAL Di poge 3 should the registrar pr 0 VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18 tem 2 Film 226 1845 CERTIFICATE OF DEATH 1. PLACE OF DEATH o. COUNTY Carroll o. STATE Maryland MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)
Sykesville 2vrs.2mos.25day Baltimore 2 d. NAME OF HOSPITAL (If nat in hospital, give street address)
OR INSTITUTION d STREET ADDRESS Springfield State Hospital NAME OF 4. DATE Middle DECEASED Elizabeth Lookabaugh DEATH (Type or print) Agnes 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 5-23-1870 Female White WIDOWED A DIVORCED | 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if fetired) Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Heury Leah May 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT No 18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia not DUE TO Arteriosclerotic heart disease Canditions, if ony, which gove rise to immediate DUE TO cause (a), stating the under-Generalized arteriosclerosis lying couse last. clerosis, with psychotic reaction, with disbetes mellitus 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or tawn) factory, street, affice bldg., etc.) Haur a.m Not while

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) b. couraltimore City 31] c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) e. IS RESIDENCE ON A FARM? Little Sisters of the Poor YES NO K ormer address unknown Year Day 19 58 February IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years last birthday) Months 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Springfield Hospital Records INTERVAL BETWEEN ONSET AND DEATH days years years C.B.S. associated with circulatory disturbance, with cerebral arterioPERFORMED? YES NO K 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)
OR CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (Stote) (County) of work at work 11-23 19.55. 2-17 ____, 158___,that I last saw the deceased 21. I certify that I attended the deceased fram_ , and that death occurred at 9:50 AM, from the causes and on the date stated above alive on ADDRESS (Street, city or town, state) DATE SIGNED mbo . Springfield State Hospital, Sykesville, SIGNATURE Maryland Agustin del Campo, M.D. 2-17-58 PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF, 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, (State) REMOVAL Specify succe 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR **ADDRESS** 24b. REGISTRAR'S SIGNATURE

FEB 2 0 '58

La 7-0915

BUREAU K.

FEB 20 1958 -



a Agustin del Compe

A

3 6 physician 72 hours

offending p

5

certificate has been signed

buriol-transit

ony

MARYLAND STATE DEPAI

	MARYLAND STATE DEPARTA	MENT OF HEALTH—BALTIMORE,	18 01000			
	: 1846 CERTIFIC	ATE OF DEATH	()1837 Reg. Dist. No.			
	LACE OF DEATH COUNTY CLUBOL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institute of the country of the coun	4.01			
	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).	c. CITY OR TOWN (If outside corporate limits, write	RURAL and give nearest lown)			
	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO			
1	IAME OF ECEASED [ype or print] CHESTER	NARTIN DEATH HELD	Day Year 1958			
5. 9	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED May 3 - 1890 G. Long of the blood of the					
10a	USUAL OCCUPATION (Give kind of work dane during most) of working life, even if retired) Hamming	USTRY 11) BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
13.	Shriam Martin	Kachel a Marti	ii			
	MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	adie M. Martin M	Accuehester Md			
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) WAS CAUSED BY: IMMEDIATE CAUSE (a)	cleratic Heart Ries	INTERVAL BETWEEN ONSET AND DEATH			
	Conditions, if ony, which gove rise to immediate: couse (o), stoting the under lying couse lost. (c)	thyroiderin	8 yrs			
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION G	IVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO			
	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Part I or Port II of item 18.)				
S	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, 20f. (City or town)	(County) (State)			

OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while

22b. DATE THEREOF

factory, street, affice bldg., etc.)

1950, 10 Jan 13 21. I certify that I attended the deceased fram NOV 1958 that I last saw the deceased and that death accurred at 4:36 AM, from the causes and on the date stated above alive on Jan 1

ADDRESS (Street, city or lown, stote) Manchester

(Stole)

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION.

p. m.

of work of work

22c. NAME OF CEMETERY OR CREMATORY

22d_LOCATION (City, tawn, or county)

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

REMOVAL (Specify)

DATEFEB 1 8 '58

moy be retained TO FUNERAL DIREC VS A15 (4) 15M 9/55

page 3 should the registror pri

Thirdering were extended the control of the control

FEB 18 1958



Harvland

MARYLAND

Baltimore

2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)
o. STATE
b. COUNTY b. COUNTY

	1	7.0
2	(N
=	1 10	12
Pa	1	_
=		

1. PLACE OF DEATH
o. COUNTY
Carroll

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau

	ely fill	Poges		
	camplet	Sp. page 3 should be set of the for use as the burial-transit permit. Then please remove carbon papers. Pages	oth.	
	puo uc	arbon p	ifter de	
	physicic	emove o	hours	
	ending	dease re	ithin 72	
	the att	Then p	event w	
	gned by	permit.	the registrar priar to burial, cremation, or removal, and in any event within 72 hours after death.	-
valcion.	been sig	tronsit	ol, and	
(nd bu)	te has	buriol	remove	
oriend	certifica	as the	tion, or	
Spirot o	er this	for use	, crema	
The no	DR: AH	etoched	o burial	
Deur	DIRE	Id be	priar h	
De Leio	NERAL	3 shor	egistrar	
A DE	TO FU	poge	the r	
M	9,	55)	

	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville	c. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3 / 0 / 4
15	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Springfield State Hospital	d. STREET ADDRESS 4629 Park Heights Ave. e. IS RESIDENCE ON A FARM? YES NOT
	3. NAME OF First Middle Minnie May	McMillan 4. DATE Month Doy Yeor McMillan February 18 19 58
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 6-26-1873 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	ISTRY 11. BIRTHPLACE (Stote or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.
	13. FATHER'S NAME John Zimmerman	14. MOTHER'S MAIDEN NAME Mary E. Mahaney
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give wor or dates of service)	NFORMANT Address Springfield Hospital Records
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	cardiovascular disease rearrante cardiovascular disease rearrante
	Conditions, if any, which gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u> (b)	
0	Senile psychosis - simple dete	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{ NO } \subsete
		ED. (Enter noture of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work	LACE OF INJURY (Home, form, octory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)
		r 201954, to February 18., 1958., that I last saw the deceased haccurred at 1:00 P.M., from the causes and an the date stated above ADDRESS (Street, city or town, state) M.D. Springfield State Hospital 2-18-58
1	PHYSICIAN'S Edmund Lusthaus, M.D.	Sykesville, Md.
	220. BURIAL, CREMATION, 226. DATE THEREOF BURIAL (Specify) Feb. 22, 1958 Baltimore	DR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Baltimore, Md.
30	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John O. Mitchell & Sons Inc. 1900 Butaw	Place 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE) DATE FEB 2 4 '58 Ull Leduc
	t	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 . . . The state of the s or Lengthalak allakis . eticejera satish and mind the country are investor in the balls from FEB 24 1958 The self ounder THE MEST OF THE PARTY OF THE PA meist 2 - Teb. 22, 1958 Beiriograph - Commission John C. Mitchell belowe Ero. 1900 Furser Place

1		
tely filled in by uneral director,	rs. Pages 1 and 2 stands of the filed with	
ned by the attending physician and campletely filled in by	ermit. Then please remave carbon-papers. n any event within 72 haurs after death.	
ned by	n any e	

ter death. Page 4

e	,	
O'L	ers .	
Ö	Pop	
pu	do o	1
9	grb frei	d
:5	9 5	-
hys	Jo S	
5	72 E	
<u>- j</u>	in So	
te	Ple	
9	o to	
7	E A	
d b	mit.	
an e	i e	
Sign C	ait Du	
Sici	ron L'	
phy as to	al-t	
94	em.	
ip o	פר דים	
otte rtifi	S F	
20.00	3 5	
P id	re F	
Sp.	d fo	
A	che	
PR -	D G	
9	0 =	
J. R. C.	d b	
ay be retained by the haspital ar attending physician. FUNERAL DIRE OR: After this certificate has been signed by the attending physician and camplete	age 3 shauld be catached far use as the burial-transit permit. Then please remaye cataon papers. e registrar priar to burial, crematian, ar remayal, and in any event within 72 haurs after death.	
ERA	3 sh	
PZ Z	9	
0 1	0 0	

1. P	LACE OF DEATH COUNTY	Carrol1		MARYLA		usual residence a. STATE Mai	E (Where		ved. If instituti b. COUNTY		ence befo		ion)
-	RURAL and give n	If autside carporate limi earest town) Westminste		c. LENGTH OF STAY IN 12 Year:		Rural,				URAL and	give ne	arest tawr	1)
	OR INSTITUTION	TAL (If not in hospitol, ger, Md. R.		oddress)	1	d. STREET ADDR Westmins		Md. 1	R. D. 6				PARM?
E	IAME OF DECEASED Type or print)	Haro1d	si	Arthur Middle	Mi1	lost ler	4.	. DATE OF DEATH	2/4/5		De		Year 19
5. S	ale	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIED		17/1938		9.	AGE (In years lost birthdoy) 19 yrs.	Months		Hours	R 24 HRS. Min.
	USUAL OCCUPATION during most of war work - In	king life, even if refired	1	KIND OF BUSINESS OR I		11. BIRTHPLACE Carroll			try)	12. C	U.S.		COUNTR
	ather's NAME	Miller			14	Mary		-	* 00				
[Yes.		R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO. None		thur N. M	hur lille		ully Add		id. F	R.D.6	
	PART I. DEA 540.0 Canditians, if a gave rise to i	TH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO ny, which (b) mmediate	, 7	Bleeding	Di	tric 2	llcer	~			ION	ERVAL BE	DEATH
<u>~</u>	20a. ACCIDENT W/OR CONTRIBUTING	HER SIGNIFICANT CON	pitions c	CONTRIBUTING TO DEATH	bir	th		Y		/EN IN PA	RT 1(a) 1	PERFO	AUTOPSY PRMED? NO
MEDICAL	20c. TIME OF INJUS Hour a. fr. p. m.	Y Month, Day, Yea	While	NJURY OCCURRED 204 k at work	factory,	OF INJURY (Home street, affice bld	e, form, g., etc.)	20f. (City or	town)		(County)		(Stote)
	21. I certify the alive an	pat I attended the	decease , 12 de hep	ed fram June		75/2	45P. A.	M, from t	he causes of the	and an			
220.		2/7/58	F	22c. NAME OF CEMETER Baust Chu		EMATORY	220	d. LOCATIO	N (City, town, ney town	.,		(Stote	,
_	TUNERAL DIRECTOR		the	ADORESS Littlestow	n in	240	. REC'D B'		24b. REGI		-		1 110

Al California de la Cal				
tivi ai 1000			ALCONE.	
	w	Berner Created		
			hiteash	
		CHANGE ST		
	(.4)	4 Home - 10	Delle Horsey John	ed UO
			200	
	· · · · · · · · · · · · · · · · · · ·			
	attical in the National	of the control of	State Chara	
	HILLIAN COLUMN			
Angel and a service of the service o	在从五型的 10 mm		brank artf bedreigte. I Amely (S .V UAL
				-07
	STANK TOWNS			8361 9

4	/
TO HOSPITAL ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 how there death. Page 4	TO FUNERAL DIRECT. R. After this certificate has been signed by the attending physician and campletely filled in by annual director, page 3 shauld be stacked for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremotian, or remaval, and in ony event within 72 haurs after death.
Po	direct
eath.	be fi
p r	SP
	S. S.
200	by 2
A be	D =
in 2	fille
with	Po
ted	mple Ders.
xeco	d ca
p e	and and
ote	S CO
tific	nav haur
Cel	ng le re
leot	leos ithin
hed	en p
t tor	th Th
es +	d be
quir	i be
w re	ansi
e lo	al-tr
Th.	buri rem
AN	ficol
rsic	tian as
H	rhis r use
NG	d fo
ON	che oche
ATT	5 7 5
*	IRe rior
TO HOSPITAL ATTENDING PHYSICIAN: The low require	TO FUNERAL DIRE CR: After this certificated by progression of the attending physician and camp page 3 shauld be a tached for use as the burial-transit permit. Then please remave carbon paper the registrar prior to burial, crematian, or remaval, and in any event within 72 haurs ofter death,
SPIT	S sh gistr
H	FU.
0 5	0 g =

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1849 CERTIFICATE OF DEATH

Reg. Dist. No. 184()

o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (Whe	ani Residence before admission)	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville	c. LENGTH OF STAY IN 16 8yrs. Lymos. 12d	c. CITY OR TOWN (If au	riside corporate limits, write R	
d. NAME OF HOSPITAL (If not in haspital, give street of institution Springfield State Hospital	oddress)	d. STREET ADDRESS	int Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Hugh	Middle Burton	lost MILLER	4. DATE Mon Of DEATH Februar	
5. SEX 6. COLOR OR RACE 7. MARR WIDOWE	DIVORCED		1909 9. AGE (In years last birthday) 49 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Crane Operator	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of New Jerse		12. CITIZEN OF WHAT COUNTRY U.S.A.
Hugh B. Miller		Bessie Ad		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give wor or dates of service)	(5) = 1 /4	NFORMANT Springfield Ho	Addenspital Record	
Conditions, if any, which gave rise to immediate cause (a), stating the under-	ne for (a). (b). and (c).] Starvation			INTERVAL BETWEEN ONSET AND DEATH Months
Part II. OTHER SIGNIFICANT CONDITIONS C Schizophrenic reaction,	catatonic type	9.		TEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
(IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	art I ar Part II af item 1B.)	
Haur a.m. While		ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	20f. (City or tawn)	(County) (State)
ACTUAL Constructed SIGNATURE CONTROLLED	and that death	accurred at 12:05 A M.D. Springfie	AM, from the couses a DDRESS (Street, city or town. 1d State Hosp:	and an the date stated above state) DATE SIGNED
NAME (Type) Agustin del Campo 220. BURDA, CREMATION, 22b. DATE THEREOF PROVAL (Specify) 2/13/5	22c. NAME OF CEMETERY O		e, Maryland. 22d. Logation (City, town, o	or county) (State)
23 FUNERAL DIRECTOR SIGNATURE Valler Porochs Brudle	ADDRESS Sunday	h, Md. DATE FE	-4 2 % 1 1 440	STRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALLIMORE, 18

	4.6	BT	TE OF DEA				
		The second				and the	M 10 mkg
		A 46		Alemaketa etgel Alemaketa etgel			
Talanda Talanda							
St W Line							
		cotr vo			Security Services		100
		100		of the Salar Land			
		To the said	nteach Malt anter				



EEB 13 1828



TO THE THE PARTY OF THE PARTY O

The state of

CHARLESTON STORY

death. Page 4

CERTIFICATE OF DEATH

Reg. Dist. No.

)	PLACE OF DEATH a. COUNTY Carroll	7000	MARYL	AND	2. USUAL RESIDENCE (WI o. STATE Maryla	and	b. COUNTY	Balto	City	
	b. CITY OR TOWN (If autside carpor RURAL and give nearest tawn) Sykesville		35yrs 2mos		c. CITY OR TOWN (IF on the control of the control o			VOI-4	4	
	d. NAME OF HOSPITAL (If not in ho or institution Springfield Stat	pitol, give street Hospit	oddress)		d. STREET ADDRESS 1651 F	lager	St.			DENCE FARM? NO
3	NAME OF DECEASED (Type or print)	First Irving	Middle		MILLS	4. DATE OF DEATH		ry 1	2, 1	9 58
5	Male 6. COLOR OR White	RACE 7. MAR	RIED NEVER MARRIE		October 1, 1	1883	9. AGE (In years loss birthdoy) yrs.	Months Days		R 24 HRS. Min.
Ĩ	10a. USUAL OCCUPATION (Give kind of work dane dwing most of warking life, even if retired)				Maryland		country)	12. CITIZEN	OF WHAT	COUNTRY?
1	3. FATHER'S NAME Thomas Allen Mi	lls			14. MOTHER'S MAIDEN I					
Į,	5. WAS DECEASED EVER IN U. S. ARM (Yes. n. or unknown) III yes, give war ar		SOCIAL SECURITY NO.		FORMANT Springfield H	Hospit	al Record			
	Canditions, if any, which	DUE TO (b) DUE TO	coronary th	romb					19. WAS A PERFO	
	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	DEATH AINER) 20b. DES	INJURY OCCURRED	CURRED 20e. PLA	CE OF INJURY (Home, farr lory, street, office bldg., etc.	Port 1 or Po		(Count)		(Stole)
	21. I certify that I attended alive on February 1 ACTUAL SIGNATURE July an I	od the deceo	sed from Septe		occurred of 4:201	ADDRESS (m the causes o Street, city or town, ate Hospi	nd on the d stote)	ote stote	
100	220. BURIAL, CREMATION, 22b. DATE		22c. NAME OF CEME			22d. LOCA	ATION (City, town, o		(Stote	e)
2	Burial 2-1 23. FUNERAL DIRECTOR'S SIGNATURE Howard H. Hubb	4-58 ard 41(ADDRESS		Cemetery 240 REC FEB 1 DATE	Ba "D BY REGIS 4 '58	STRAR 246. REGIS	Maryla	URE URE	

may be retained by the hospital or attending physician.

TO FUNERAL DIRE OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sithe registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou

VS A15 (4) 15M 9/55

Al country waster (Charmelock) that are specify by antique de l'agriculture de l'agriculture EEB 14 1953

Bur al C-19-58 Lorraine Codetery at I

Sungva Byswill TOLE breaded. W Bricken

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 After of copy CERTIFICATE OF DEATH 1851 Reg. Dist. No..... third 1. PLACE OF DEATH USUAL RESIDENCE (HOME) OF DECEASED COUNTY MARYLAND hours 72 hour: LENGTH OF STAY (If outside corporate limits CITY outside corporate fimits, write RURAL and give nearest town OR and give naarest 19 (in this place) OR TOWN TOWN HOSPITAL OR STREET If rural giva focation) INSTITUTION OR ADDRESS within STREET ADDRESS 3. NAME OF (First) 4. DATE (Month) (Day) (Year) DECEASED OF registrar by the JOHN (Typa or Print) DEATH 195 COLOR OR DATE OF BIRTH IF UNDER 24 HRS SINGLE, MARRIED, AGE last birthday IF UNDER 1 YEAR WIDOWED, DIVORCED, RACE Months Days Hours (Specify) 2.E 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT with dona during most of working life, even if OR INDUSTRY COUNTRY? letely filled nsit permit. filed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME eorg Pe comple 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS certificate (If Yas, give wer or dates of service) (Yas, no, or unk.) burial and 18. MEDICAL CERTIFICATION attending I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH 10 physician death an 58 aw. as **IMMEDIATE CAUSE** use DUE TO law requires that the cby the attending phy lid be detached for use ANTECEDENT CAUSE(S) 0 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [NO [The shoul 218. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 21b. PLACE (Homa, farm, factory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) executed OF INJURY streat, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) FUNERAL DIRECTOR: certificate assembly 21d. TIME OF INJURY (Month) (Day) 21a. INJURY OCCURRED (Year) 211. HOW DID INJURY OCCUR? Whila Not while at work at work 1958 19.5.8..., that I last saw the deceased 22. I hereby certify that I attended the deceased from.... copy and that death occurred at 7,00 ft.M, from the causes and on the date stated above. has alive on.... SIGNATURE ADDRESS (Straet, city, town, stata) 10M The bottom certificate death ce M.D. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stata) REMOXAL (SPECIFY) A15C S 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE EUNERAL DIRECTOR'S SIGNATURE ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, TE

CERTIFICATE OF DEATH

CARROLL

Wood Line
Weitzel Marsing Home

WALL WAITE Widend MARCH 3-1867 FC

RATION GEORGE MURRY LAND

BETINNER MURRY LAND

GEORGE MURRIPHY LAND

SHACK MURRY PAY

WENTERNAM

SHOCK MURRY CALLERTON

SHOCK MURRY CALLERTON

SHOCK MURRY CALLERTON

MARCH MURRY PAY

WENTERNAM

WEN

BUREAU V. S.

8381 8 AAM

Les onto services lou- of men

VS A15 (4) 15M 9/55 I

5

1852 CERTIFICATE OF DEATH

Reg. Dist. No. 02604

1. [Carroll			MARYL	AND	2. USUAL RESIDENCE o. STATE Marvla			b. COUNTY	en Residence				
	b. CITY OR TOWN (II	outside corporate limi	ts, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOW		corporote li						
	Svkesvi	-		5 days		Baltim	101.	4						
		AL (If not in hospital, g	ive street			d. STREET ADDR	ESS				e.	IS RESI	DENCE	
		ield State	Hosp	ital		412 N.	Chest	er St	reet			YES	NO 20	
3.	NAME OF DECEASED	Fir	st	Middle		Lost	4. D.	ATE	Mon	th	Day	Y	ear	
	(Type or print)	Addi	e			ORWIG		EATH	Febr	uary	ry 19 19 58			
5. 5	SEX	6. COLOR OR RACE	7. MARE	IED NEVER MARRIE	K	8. DATE OF BIRTH		9. AC	GE (In years it birthdoy)	IF UNDER 1				
	Female	White	WIDOWI	ED DIVORCED		unkno	wn		79 yrs.	Months	Doys	Hours	Min.	
10a	USUAL OCCUPATIO	N (Give kind of work of ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE	(State or fore	ign country) -	12. CITI	ZEN OF	WHAT	COUNTRY?	
	unknor		'			Maryl	and				U.S.	A.		
13.	FATHER'S NAME					14. MOTHER'S MAI								
		unknown				u	nkn own							
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. 11	NFORMANT			Addi	ess				
1	no	ir yes, give war or ourse or y	aivica)	_		Springfiel	d Stat	e Hos	pital	Recor	ds			
		TH [Enter only one co	use per li	ne for (o), (b), and (c).]							INTER	VAL BET	WEEN	
	PART I. DEA	TH WAS CAUSED BY:		Bronchopn	elim	onia					ONSE	Day		
	491X	Not DUE TO			-			- 1						
	Conditions, if or		,	Arteriosc	ler	otic heart	disea	se				Years		
	gove rise to in	nmediate ()				-					/		
	lying couse lost.	the <u>under-</u>)	Generaliz	ed :	arterioscl	erosis					Ye	ars	
Z	PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA					NDITION GIV	EN IN PART	1(0) 19.	WAS A	UTOPSY	
CATION	Chron	nic Brain S	yndr	ome associa	ted	with gene	ral ar	terio	sclero	sis		PERFOR	NO K	
CERTIFI	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRE	O. (Enter noture of inju	ury in Port to	or Port II of	item 18.)					
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	While	NJURY OCCURRED Not while k of work		ACE OF INJURY (Hometory, street, office bld		. (City or to	wn)	(C	ounty)		(Stote)	
1		at Latter ded it		ed from Febru	מאיני	Th 10 ER .	Fehr	73 0 277 ·	1010 58	Abatti		. Al		
					-									
	alive an Febr	rusty 17	1)12-	$2V_{-}$, and that	death	accurred at 12			city or town.		e date		d abave	
	ACTUAL SIGNATURE LEGAL	wend a	tur	Many		M.D. Sprin	gfield			337				
	PHYSICIAN'S NAME (Type)	Edmund Lust	thaus	, M.D.		Sykes	ville,	Mary	land					
220	BURIAL, CREMATIO REMOVAL (Specify)	2/24/	58	22c. NAME OF CEME	TERY O				(City, town,	or county)		(Stote)	
23.	FUNERAL DIRECTOR	is Heru	ras	ADDRESS 2	lear	4 240 DA	REC'D BY R	REGISTRAR 2 4 '58	24b REGI	STRAR'S SIG	NATURE			

FEB 24 1958 BECEINE He has Hereralian Underward

TO HOSPITAL

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1853 **CERTIFICATE OF DEATH**

		4.4	1	0	1	6
Reg.		U	1	0	4	e d
Red.	Diet.	No	-			

1. PLACE OF DEATH o. COUNTY Carroll			MARYLAND		Marylan		b. COUNTALTI			
b. CITY OR TOWN (I RURAL and give no Sykesvil		, write	c. LENGTH OF STAY IN 16 31 yrs.18 day	1	CITY OR TOWN (IF o		limits, write RURAL o	and give ne	earest town)	1
OR INSTITUTION	At (If not in hospital, gired State H			d.	street address unknown	n			o. IS RESIDENCE ON A FARMS YES NO	>
3. NAME OF DECEASED (Type or print)	First Thomas		Middle Henry	Prit	lost chett	4. DATE OF DEATH	Month February	18	Poy Year B 1958	3
5. SEX Male	Title 4 + a	7. MARRI	ED NEVER MARRIED	8. DATE	OF BIRTH 10-11-188		AGE (In years lest birthdoy) Mont		R IF UNDER 24 H	
100. USUAL OCCUPATION during most of work	DN (Give kind of work d king life, even if retired)	one 10b. i	kind of Business of Indu	JSTRY 11	. BIRTHPLACE (Stole Virgin:	or foreign count ia	(ry) 12.		OF WHAT COUN	TRY
13. FATHER'S NAME	- D-14-1-11			14. N	AOTHER'S MAIDEN N		157-118			
	m Pritchett	,			Margaret	J. Whi				
(Yes, no. es unknown)	R IN U. S. ARMED FORCE I'll yes, give wor or doren of ser Vorld War I			Spri	ngfield H	ospital	Records		~	
PART 1. DEA 420.1 Conditions, if a gave rise to i cause (a), stating lying cause last.	ny, which mmediate the under: (b). DUE TO (c).	Муос	cardial infarc					8.	ITERVAL BETWEEN NSET AND DEATH NOURS	1
E Dementia	praecox par ity basis.	ranoi	d type, on a	cons	titutiona.	l psych	opathic	,,,,,,,	PERFORMED?	
OR CONTRIBUTING	CAUSE OF DEATH	ob. Desc	ANDE HOW HAJORY OCCURN	co. James	notore at injury in t					
20c. TIME OF INJUR Hour o.m. p. m.	Y Month, Doy, Yea	20d. IN While at work	Not while		INJURY (Home, farm reet, affice bldg., etc.		town)	(Caunty	y) (Sto	ite)
21. I certify the alive on Fell ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		1958 de	l'Campo		rred at 9:48 1	A.M., from the ADDRESS (Street eld State)	he causes and o the city or lawn, state) te Hospita	n the d		OVE
	IN, 226. DATE THEREO		22c. NAME OF CEMETERY O		ATORY		N (City, town, or cour	nty)	(State)	-
23. FUNERAL DIRECTOR		le	ADDRESS	711		D BY REGISTRA		S SIGNATI	URE	

.

70 ;

other temperature

FEB 24 1958



VS A15 (4) 15M 9/55

9	carban	papers.	Pages	pub	and 2 shapped	pe filed	with	
20	ofter de	death.	(80	-		-

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 1854

01844

Reg. Dist. No.

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence of COUNTY of STATE of COUNTY									ce before o	odmission)	
		roll		MARY	LAND	o. STATE Maryland b. COUNTY						
	b. CITY OR TOWN (II RURAL and give ne	f outside corporate limit	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
1	mral - Svi	kesville		since 3-8-	-56	Baltimore C:	ity			340	11.4	
	d. NAME OF HOSPIT	AL (If nat in hospital, g	ive street	oddress)		d. STREET ADDRESS				0.1	S RESIDE	ENCE
		ld State Ho				21 S. Broa	dway				ES D	
3.	NAME OF	Fire	ı	Middle		Last	4. DATE	Mon	th	Day	Yeo	or .
	DECEASED (Type or print)	Theodo	re	Franci	is	REGEL	OF DEATH	Febru	ary	20	19	58
5.	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE	DO	B. DATE OF BIRTH		9. AGE (In years	IF UNDER		UNDER 2	
	male	white	WIDOW	DIVORCEE		November 19,	1896	last birthday) xrs.	Months	Doys H	aurs	Min.
100	. USUAL OCCUPATIO	N (Give kind of work of king life, even if retired)	lone 10b.	KIND OF BUSINESS O	RINDUS	STRY 11. BIRTHPLACE (State	or foreign c	ountry)	12. CITI	ZEN OF V	WHAT CO	OUNTRY?
	Laborer	ang me, even ir remedi		-		Baltimore	Mary	yland	U	nited	Sta	ates
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N						
Maxamillan Regel Mary Fuchs												
15.		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.		NFORMANT		Add	en Syk	esvil	le,	Md.
	no		2	17-07-5300	R	ecords of Spr	ingfie	eld State	Hosp	ital		
	18. CAUSE OF DEATH [Enter only one couse per line far (o), (b), and (c).]									INTERV	AL BETW	/EEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia								2 davs		EATH	
	443 × DUE TO											
	Conditions, if ony, which) Hypertensive cardiovascular disease								Years			
	gove rise to immediate couse (o), stoting the under-									Teate		
	lying couse lost.	lci										
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART								T I(a) 19. WAS AUTOPSY PERFORMED?			
15	491×										ES 🔯 N	
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)											
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJURY				20e. PL/	CE OF INJURY (Home, form, tory, street, office bldg., etc.	20f. (City	ar tawn)	(C	ounty)		(State)
MED	Hour o. m.	19	While of wor	k of wark	-	iory, street, office bldg., etc.	1	-				
	21. I certify that I attended the deceased fram July 3 , 1956, to Feb. 20 , 1958, that I last saw the deceased											
	alive on Feb. 20 , 1958 , and that death accurred at 2:20 PM, from the causes and on the date stated above.											
		_		0				treet, city or town,		ic ddic		SIGNED
	ACTUAL	merca	-	we	,	M.D. Springfie	ld St	ate Hospi	tal	2	1/20	/58
	A CONTRACTOR OF THE PARTY OF TH					nior illegoesemgnisme.						
	PHYSICIAN'S NAME (Type)	Martin Gros	s, M	. D.		Sykesville	e, Ma	ryland				
220	BURIAL, CREMATION	N, 22b. DATE THEREO	F	22c. NAME OF CEME	TERY OF	RCREMATORY	22d. LOCA	TION (City, town, o	or county)		(State)	4
	REMOVAL (Specify)	2-24-	-58	SACRE	DH	FART CEM	140	GERM	ANF	ILL	RD.	.Mc
23.	FUNERAL DIRECTOR'S	SAIGNATURE	101	ADDRESS	141		BY REGIST	1 ()	STRAR'S SIG	NATURE		,
K	shales x	1. deller	F	ALTO	1.4	DATE F	EB 2 5	'58 CU	hede	uch		
					-4							

FEB 25 1953

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	rroll	•	MARYL	AND	2. USUAL RESIDENCE (Who o. STATE Maryla	- 1	ved. If institution b. COUNTY	-	before adm	
b. CITY OR TOWN (RURAL ond give n	If outside corporate limi earest town) Id, Sykesvi	its, write	c. LENGTH OF STAY I		c. CITY OR TOWN (If or	The Court	limits, write R	URAL and gi	ve nearest to	own)
			lyr. mos.1	2da		more			101.	
_ OR INSTITUTION	TAL (If not in hospital, g	90 2			d. STREET ADDRESS				e. 15 ! ON	RESIDENCE
Springfie	ld State Ho	spit	al		3709 Mon	terey R	d.		YES	□ NO-E
3. NAME OF DECEASED	Fir		Middle		Lost	4. DATE OF	Mon	th	Day	Year
(Type or print)	Flore			lzel	LI ROOS	DEATH	Febr	uary	25.	1958
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE		B. DATE OF BIRTH	9.	AGE (In years lost birthday)			NDER 24 HRS.
Female	White	WIDOW	ED DIVORCED		September 5	1879	78 yrs.	Months [Days Hou	rs Min.
10a. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OF	INDUS	TRY 11. BIRTHPLACE (Stole	or foreign caun	try)	12. CITI2	EN OF WH	AT COUNTRY
Housewif	king life, even if retired	'	•		Penna.			T	I.S.A.	
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	AME				
William :	Dalzell				Florence	Kenne	dv			
5. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. IN	FORMANT		Addi	ess		
(Yes, no. or unknown)	(If yes, give wor or dates of s	iervice)	-		Springfield H	Hospita'	Recor	de		
The second second	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o			hrom	ie microcytic				INTERVAL ONSET AN Mon'	BETWEEN NO DEATH
291x	DUE TO		unspecifi	ed						
Conditions, if a)					44.74	w m		
gove rise to i cause (o), stoting										
lying couse lost.	(c	.)(:								
B'S 11. OT SENIOR SENIO	TO THE SIGNIFICANT CON	PINONS	on ributing to pea ist. of meta with psych	boli otic	NOT RELATED TO THE TERMIN Sm, growth or reaction.	nutrit:	ondition give	EN IN PART	1(o) 19. WA PER YES	AS AUTOPSY REFORMED?
	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED). (Enter noture of injury in P	Port I or Port II	of item 18.)			
20c. TIME OF INJUI Hour o. m. p. m.	Y Month, Doy, Ye	While	NJURY OCCURRED Not while of work		CE OF INJURY (Home, form, tory, street, office bldg., etc.		town)	(Co	ounty)	(Stote)
	out I attended the pruary 25,	deceas	1. 10		occurred at 10:3	ONUARY SOME TO ADDRESS (Sires	he causes of the	ind an the stote)	e date sta	ne deceased ated abave DATE SIGNED 25/58
PHYSICIAN'S NAME (Type)	Edmund Lus				Sykesvi	lle, M	ryland	e dan gila dan dan any dan any		
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THEREC	OF	22c. NAME OF CEME				N (City, town, o			tote)
Burial		58	Hedgesv:	ille			gesvi.		7	la.
23. FUNERAL DIRECTOR	1 4///	. /	ADDRESS			BY REGISTRA		STRAR'S SIGN	NATURE	
Houring	1 1 Brow	w	Martin	sbu	rg, W. VEAR	FEB 2 8 '	58 10	Inca	MEA	

death. Poge 4 nerol director. D FUNERAL DIRE. 18: After this certificate has been signed by the ottending physicion and completely filled in by it page 3 should be beloched for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shifter registror prior to burial, cremation, or removal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour

15

moy be retoined the hospital or ottending physician.

TO FUNERAL DIRE R: After this certificate has been signed by page 3 should be detached for use as the buriol-transit permit.

VS A15 (4) 15M 9/55

	10 Mail		
· value of the	The Street of the Street Street Street Street		Toyler of the second
	THE CHARLES AND PROPERTY CASE AND VALUE		
		The land of the	
THE PROPERTY			
N.P.	to be stored by the	Let	teran estata intelligentes
			9.10
		Constall wilete	
The Man			
	THE REPORT OF THE RESIDENCE	E DESCRIPTION DESCRIPTION	out and de la filas
	Control of the Contro		
	AT AT A SECOND SECOND	-	
	Angenes semanal		T 4 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	Compared the part and real	4	<u>-</u>
	v cijanguda , iždynostic		and the second
KVO A	BOB		



EEB 28 1958



1 4	1	1856 CERTIFICATE OF DEATH Regri Dist. No. 11846
director	L	PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY ACCUMANT MARYLAND
deoth		b. CITY OR TOWN HE outside corporate limits, write LENGTH OF STAY IN 1b c. CITY OR TOWN HE autside carporate limits, write RURAL and give nearest town) Plan Checker TL
10 pd 25		d. NAME OF HOSPITAL (18-10) in Assistal, give street address) OR INSTITUTION
filled in ges 1 or		NAME OF DECEASED (Type or print) (Type or prin
ed with		6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) WIDOWED DIVORCED 1/2/1877 Support No. Months Days Hours Min.
and cam on pope		DUSUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY IN BISHPLACE (Sign of loging conting) 12. CITIZEN OF WHAT COUNTRY OF COUNTRY
sicion ove corb	1	FATHER YNAME 18 Bankert Tarah Pregle
ling phys se remov n 72 hour	15.	WAS DEPÉASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1/1 INFORMANT ROUGH POR SOCIAL SECURITY NO. 1/2 INFORMANT ROUGH POR SOCIAL SECURITY NO. 1
he deot e ottend en plea nt withii		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH ONSET AND DEATH
d by the		Canditions, if any, which) (b) Certerio Schrosis Suralyed 10 yr
require ion. in signe nsit per and in o	-	gave rise to immediate cause (a), stating the under- lying cause last. DUE TO Verbute Chronice 5 yr
The low physic hos bee riol-tra movol,	CATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? YES \(\sigma \) NO \(\sigma \)
trending ifficate the bu	A CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC tol or o this cer or use a rematia	MEDICA	20c. TIME OF INJURY Manth, Day Year Hour e. st. 19 White at work at w
inding the hospil the After oched fo		21. I certify that I attended the deceased from , 19 TO to 7 6. 2 6, 19 5 that I last saw the deceased alive an 7 1 5 , and that death accurred at 130 A. M. from the causes and an the date stated above
be dello		ACTUAL SECUE & Lamber (D. S.) Said S. DATE SIGNI
RAL DI Should stror pr		PHYSICIAN'S GESTPETHOMESSY BOROW R
May be Proper 3 page 3 the reg	4	REPORTAL CREMATION, 22b. DATE THEREOF 22c. MAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, Town, or Jounty) (State) (State)
VS A15 (4) 15M 9/55	23.	And live Such Thurself to Date

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

24 30K2M1					
					*
		Eagling Family :			ments of
				The state of	
and the second of the					HE REST CHARLES AND A STATE OF
					THE STATE OF PARTY OF THE STATE
					The state of the s
	A SECTION				
BUREAU V. S			South trail (2004)		y in yelpus 1, 10 To make
					Parent l
BECENAED				STATISTICS IN	
17,000000		Mars Land			to proving indeline
and the second s			*10-10-10-10-10-10-10-10-10-10-10-10-10-1		

	1991	CERTIFICATE OF DEATH						Dist. No.			
1. PLACE OF DEATH Carroll		MARYLAND	ere deceased lived. If institution: Residence before admission) b. COUNTY Carroll								
b. CITY OR TOWN RURAL ond give Sykesvi	(If outside corporate limits, write nearest town) 11e (rural)	3 mo. 7 days	,	V (If outside corporate limits, write RURAL and give nearest town) ry (rural)							
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, give stree		d. STREET ADDRESS				•	ON A	FARM?		
3. NAME OF DECEASED (Type or print)	First Vallie	Middle Octavia Bur	gee Runkles	4. DATE OF DEATH	Mont 2	th	Doy 20	Y 1	958		
s. sex Female	9677 9 2 .	RRIED A NEVER MARRIED DIVORCED DIVORCED	6-23-75		9. AGE (In years lest-birthdoy) yrs.	Months Months	1 YEAR I Days	Hours	R 24 HRS. Min.		
during most of w Housewi	TION (Give kind of work done 10torking life, even if retired)	b. KIND OF BUSINESS OR INDUS	Maryland	or foreign co	ountry)	12. CITI	ZEN OF	WHAT	COUNTRY		
13. FATHER'S NAME Mile Eldridge Burgee Mile Eldridge Burgee											
15. WAS DECEASED E	VER IN U. S. ARMED FORCES? 16 (If yes, give war or dates of service)		NFORMANT Oringfield Sta	ate Ho	spital Re		3				
	DUE TO	Mesenteric thron					D	ears	DEATH		
Conditions, if gove rise to couse (o), stotin lying couse los	immediate by the under- but to continue to the under- but to continue to the under- but to the under-	rteriosclerotic	NOT RELATED TO THE TERM	INAL DISEASI	E CONDITION GIV	EN IN PART	1(a) 19	. WAS A	AUTOPSY RMED?		
OR CONTRIBUTION (IF EITHER, NOTE	NG CAUSE OF DEATH FY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture at injury in	Port I or Port	(Or item 18.)	,		YES L	- NO 🗍		
20c. TIME OF INJ Hour o. m	. Whil	-	ACE OF INJURY (Home, form ctory, street, office bldg., etc		or town)	(0	County)		(Stote)		
alive on 2-	that I attended the deced- -20	give la.D		P.M. from ADDRESS (SI eld St	ate Hosp	and an th		e state			
BREMOVAL (Speci	6-60 1700	22c. NAME OF CEMETERY-OF PROSPEC	+	FREI	PPICK (8,	SMATIR	(Stote	id.		
23. EUNERAL DIRECTO	Salta Wi	ufield Mi	el .	D BY REGIST	1.	STRAR'S SIC	/	c			

uneral director, said be filed with may be retained the hospital or attending physician.

TO FUNERAL DIRE THE AFE After this certificate has been signed by the ottending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shatthe registror prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hou

death. Page 4

M

TO HOSPITAL VS A15 (4) 15M 9/55

PER CERTIFICATE OF DEATH attaining anaphical department of what BUREAU V. S. FEB 52 1828

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

	18	358	CER	TIFICA	ATE OF E	DEATH	1		Reg. Dis	t. No.	01	848
1, PLACE OF DEATH a. COUNTY	Carroll		M	ARYLAND	2. USUAL RESI	Mary]		lived. If institution b. COUNTY	Mont			ion)
b. CITY OR TOWN (IF RURAL ond give ne Sykesvil	outside corporate lim grest town)	its, write	c. LENGTH OF S				otside corpora	ote limits, write R	URAL ond g		est town)
d. NAME OF HOSPITA OR INSTITUTION Springfi	eld State				d. STREET A	DDRESS				6.	IS RESI	DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Fran	cis	A.		SALTER	it .	4. DATE OF DEATH	Mon Februa:		Doy 15,		1958
5. SEX Male	6. COLOR OR RACE	7. MAR		ARRIED A	B. DATE OF BIRT			last birthday)	IF UNDER Months		F UNDE Hours	R 24 HRS. Min.
100. USUAL OCCUPATIO during most of work Farm lab		1							12. CITI		WHAT	COUNTRY
13. FATHER'S NAME Felix A.	Salter				14. MOTHER'S		AME Cript	nem				
15. WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY		NFORMANT Springfi			Addr				
PART I. DEAT 42, 1 Conditions, if an gave rise to in couse (a), stoling to lying couse tost.	mediate (G G	terioscle eneralize	erotic ed arte	erioscle	rosis			FNI INI PADT	ONSE YE	ears	DEATH
Schizoph 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	tion	paranoi	d type	8.				LIN IIN PAKI		PERFO	RMED?
20c. TIME OF INJURY Hour a.m. p. m.	Manth, Doy, Ye	While	NJURY OCCURRED Nat while	for	ACE OF INJURY (ctory, street, office	Home, farm bldg., etc.	, 20f. (City o	or town)	(C	ounty)		(State)
alive an Febr	duary 14,	Lu	58, and the	ober i	occurred at	2:31 ngfie	A.M. from	the causes a et. city or town, te Hospi	nd an th	ast sav	state DA 2/1	decease d above tre signe 5/58
220. BURIAL, CREMATION REMOVAL (Specify) BURIAL	2/20/58		22c. NAME OF C					ON (City, town, o			(Stote	:)
23, FUNERAL DIRECTORS	SIGNATURE LEMPH	ey,	SILVER	SPRINC	G, MD.	240. REC'I DATE	BY REGISTR	AR AR REGIS	FRAR'S SIG	NATURE		

Commerce. la Provincia de la Sectiona de la Ponción de la Conción de BUREAU V. E. FEB 84 1958 DECENAIS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01849 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? 55 PENNA YES NO 3. NAME OF Middle 4. DATE Day Year DECEASED OF (Type or print) ELIZABEI SCHAEF 1958 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days WIDOWED DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of warking life, even if retired) 13. FATHER'S NAME IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address SSPENNA, AUE 18. CAUSE OF DEATH [Enter only one couse per/line for (a), (b), and (d) INTERVAL BETWEEN ONSET AND DEATH d PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) ō DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASÉ CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) foctory, street, office bldg., etc.) Day, Year 20d. INJURY OCCURRED (County) (State) Haur o. m. While Nat while at work at work 21. I certify that I attended the deceased from 19-2 that I last saw the deceased alive an and that death occurred M, fram the causes and an the date stated above. DATE SIGNED ACTUAL SIGNATURE TO PHYSICIAN'S NAME (Type) FUNER 22a. BURIAL, EREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (Stote) poge 0 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE VS A15 (4) 1SM 9/5S

BUREAU V. &

ral director, de be filed with

M

00

1

death: Page 4

VS A1S (4) 1SM 10/S7

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
1859			

	1.		CERI	IFICA	HE OF	DEAIF			Reg. D	Dist. No		
o. COUNTY	H Carroll		MAR	YLAND	o. SIAIE	arylar		lived. If instituti b. COUNTY		ence befo		sion)
b. CITY OR TOW RURAL and giv Rural Tan	/N (If outside corporate limited nearest town)	ls, write	c. LENGTH OF STAT	Y IN 1b	c. CITY OR	TOWN (If o	ulside corpor	rote fimits, write R				n)
	SPITAL (If not in hospital,	give street o	oddress)		d. STREET	ADDRESS	Tana	ytown				SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fin Maggie	st	Middle Virgi		Senft	ost	4. DATE OF DEATH	Mor Febr		De	-	Yeor 19 58
5. SEX Female	6. COLOR OR RACE	7. MARR			Oct. 17)	9. AGE (In years lost birthday) 87 yrs.		R I YEAR		ER 24 HRS.
10a. USUAL OCCUP during most of Housewo	ATION (Give kind of work working life, even if retired		wn home		TRY 11. BIRTHE		or foreign co	ountry)	12. C	U.S.		COUNTRY
13. FATHER'S NAME					14. MOTHER	S MAIDEN N				0 (13)		
IS. WAS DECEASED	cob Haifley		SOCIAL SECURITY NO	O. 17. IN	FORMANT	lariss	a St	onesifer	ress			
(Yes, no, or unknown)	(If yes, give war or dates of s	ervice)	none	Mi	ss Eliz	a Senf	t, Tar	neytown,		rland	3	
Conditions, gove rise to couse (o), state lying couse le	if ony, which o immediate on the under-	, (letter	in (SCI	ler.	u v	is	ч			
Z	OTHER SIGNIFICANT CON WAS UNDERLYING ING CAUSE OF DEATH		RIBE HOW INJURY (/EN IN PA	RT 1(o) 1	PERFC	AUTOPSY DRMED?
O THE EITHER, NOT	TIFY MEDICAL EXAMINER)											
20c. TIME OF IN Hour o. p.	10	While of work	Not while of work	20e. PLA	CE OF INJURY ory, street, offic	(Home, form, ce bldg., etc.)	20f. (City	or lown)		(County)		(Stote)
21. I certify	that I attended the	decease		- 6	2-, 193	. to	2-1	7-, 1958	,that I	last so	ow the	decease
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	J. N. X T. H. L	19.5 ega	8.,, and that		occurred at	Clss	M, fram	the causes of reel, city or fown,	and on stote).	<u></u>		ed abave ATE SIGNED 2/20/
220. BURIAL, CREMA REMOVAL (Special		f	22c. NAME OF CEM Lutheran (ION (City, town,	or county)		(Stat	e)
23. FUNERAL PRECT	14/140/30	7,1	A ADDRESS	oeme ()	-I y	240. REC'D	BY REGISTI	RAR 246 REGIS			RE	500
Marman	C Finds	100	The eart on	m M.	2	DATE FE	B 2 4 15	8 1000	1 . 0.	/.		

PROPERTY AND STATE DEPARTMENT OF HEALTH SALTHAORE, I

BUREAU V.

LEB 24 1958

DECENTED

may be retained to TO HOSPITAL C

VS A1S (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1860 **CERTIFICATE OF DEATH**

									- 14	teg. Dis	1. 140.		
1. PLACE OF DEATH o. COUNTY	Carroll		MARY	- 11	USUAL RESIDI		land		If institution	-04	roll		
b. CITY OR TOWN (I RURAL and give ne	f outside corporate limits earest town) Westminst	er	Life	IN 1b	c. CITY OR TO		West			AL ond g	ive nearest	t town)	
d. NAME OF HOSPIT OR INSTITUTION	R. F. D.		Reese	1	d. STREET AD	R. F	.D.	# 4	Ree	se		S RESIDEN ON A FAR ES \ NO	RM?
3. NAME OF DECEASED (Type or print)	Charl	es	Elby		Shipl	еу	4. DATE OF DEATH	F	Month	ary	Doy 10	Yeor	
s. sex Male	6. COLOR OR RACE White	7. MARRIE			ate of Birth	у 4,	1883	9. AGE lost b			1 YEAR IF Days H		4 HRS. Min.
during most of work Butc	ON (Give kind of work do king life, even if retired) HOT		eat Stor	е		Mary	land	ountry)		12. CITI	ZEN OF V		UNTRY
13. FATHER'S NAME	mı. a	~ ·		14	. MOTHER'S								
	Theodore					AII	anda	Gre				1	
	R IN U. S. ARMED FORC	rice)	2-03-130	-		Ship	ley :	R 1	Finl		ırg,	Md.	
592 Conditions, if o gove rise to it case (o), stoting lying couse lost.	mmediate (THOMS CO	Poestoli	hejot.	(ohr)				selle			AND DEA	
ICATIO								11.00		I IN PAKI	` ' P	ERFORME	D?
	AS UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	0b. DESCR	IBE HOW INJURY O	CCURRED. (E	nter noture of	injury in I	Port I or Pa	rt II of ite	m 1B.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year 19	While	URY OCCURRED Not while of work	20e. PLACE foctory,	OF INJURY (H., street, office	ome, form oldg., etc	, 20f. (Cit	y or town		(C	ounty)	((Stote)
21. I certify the	at I attended the a			death oc		79	P.M. from	m the c	auses and	d on th			
ACTUAL SIGNATURE	10 - 6	120	mille	M.D.	10	3 1	E MC	in	Mes	2/2	ins	les fel	2.11
PHYSICIAN'S NAME (Type)			e, M.D.		103 E	Ma					er,	Md.	
REMOVAL (Specify)	2-12-58		22c. NAME OF CEMI Carrollt			of G			y, town, or o		Mary	(Stote) 71ano	d
23. FUNERAL DIRECTOR			ADDRESS	3/		4a. REC'	D BY REGIS	TRAR 2	4b. REGISTR	RAR'S SIG	NATURE		
John R.	Byers W	estm	inster,	Maryl	and	DATECT	0 7 2 10	0 /	7		. //		

nowed at the a BUREAU V. E. EEB 13 1328 ver gotte me e e e e e e Took a live , San a debt and L. 1961

VS A15 (4)

COURT IN THE ALL PLANTS OF THE PERSON.

to Are as Mr. 15 to be Repressed to the last of the last of

. . . sal 77 834

With the Art of the Control of the Art of th

00

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1960 CERTIFICATE OF BEATLE 01853

		.1.	000	CERTI	ric,	AIE OF DEATH			Reg. D	ist. No		
	PLACE OF DEATH o. COUNTY	roll		MARY	LAND	2. USUAL RESIDENCE (WHO STATE Mary) a	-	d lived. If institution b. COUNTY	_	roll		ian)
	b. CITY OR TOWN (If autside carporate limi	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o	outside corpo	prote limits, write R	URAL and	give ne	arest town	n)
		Canevtown				× Rural	Тап	eytown				
		TAL (If not in hospital, c	give street	address)		d. STREET ADDRESS		0.7 00 .11				FARM?
	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Man	th	Do	v	Yeor
	(Type or print)	Alve	rta	Elizabe	th	Stauffer	OF DEATH	Febr	nartr	21		19 58
5.	SEX	6. COLOR OR RACE	2 0 0	RIED NEVER MARRIE		8. DATE OF BIRTH		O AGE Ile week	21		7	ER 24 HRS.
	Female	White	WIDOW			November 12.1	ופחו	last birthday)	Months	Doys	Hours	Min.
100	. USUAL OCCUPATION	ON (Give kind of work	done 10b.			STRY 11. BIRTHPLACE (State			12. C	ITIZEN C	F WHAT	COUNTRY
	during most of wor	king life, even if refired)									COUNTRI
13	FATHER'S NAME	Work		Own home		Penna.	14445			J.S. 1	4.	
13.	TATTLE S TAME					14. MOTHER 5 MAIDEN N	NAME					
	Danie					Unknown			100			
15. Ye		ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	. 17. 1	NFORMANT		Addi	ress	501	10.7	
	no.			none	Ma	. Harry Stauf	fer.	Tanevtown	n. Ma	1.		
	18. CAUSE OF DEA	ATH [Enter only one co	use per li	ne far (a), (b), and (c).]						INT	ERVAL BE	TWEEN
		ATH WAS CAUSED BY:		Al And		O. I.	210			ONS	ET AND	DEATH
	420.0	IMMEDIATE CAUSE (o		to Covid	-) Caccari	000	-1				
	7-0-0-1		M.	7.		91. 94 2	2 0				2 11	15
	Canditions, if a	mmediate (ngestu	Ce.	Heart S	ack	wee			- 00	0
4	couse (a), stating		0	-	. /	1 7 1	0	4 x				
_	lying cause last.) (c	1_0	revior	ree	volic At	aus	Disla	re			
CATION	PART II. OT	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PA	RY 1(o) 1	PERFO	AUTOPSY PRMED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRE	D. (Enter nature of injury in f	Port I or Par	t II of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	RY Month, Day, Yes	While	Not while of work	20e. PL.	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	, 20f. (City	or lawn)		(County)		(Stole)
	21. I certify th	at Lattended the	decens	ed from DAA	70	7, 19.5.7. to	2.6 -	7 10-7	2 44 -4 4	last.	AL	
	alive on					accurred at	_M, fron		nd an		te state	
	ACTUAL SIGNATURE S	. amble	~ I	hompse	en	- 1	23		2			SIGNE
	PHYSICIAN'S	- Amphl	2 1	Thomas	011							

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Taneytown, Md.

Lutheran Cemetery

22d. LOCATION (City, town, or county)

24a. REC'D BY REGISTRAR

DATE FEB 2 5 '58

TO HOSPITAL VS A15 (4) 1SM 10/57

220. BURIAL, CREMATION, REMOVAL (Specify) Burial

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

ARVENUE STATE DE ARTMENT OF HEATH



8961 98 834



To the state of th

A specific

4			1	1
90		cto	**	(
6		dire	9	1
E		70	E	
8		Jer	å	
40	4	Ť	1	
0	V.	2.0	Shk	
	9	2	2	
300		2	Duc	
24		60	_	
c		ij	ges	
4th		e /	0	
70		et	è	
o e		Ë	pe	ř
Ne C		20	bd	eot
0		ono	00	7
Ď.		50	ort	offe
to		Ö	9	2
ŤĮ.		th's	é	5/
Ce		6	5	72
th		ď.	OSe	
dec		then	ple	ŧ
he		0	e	tu t
to		=	두	eve
ŧ		و	-	7
res		peu	FLE	0
5	į.	Sigi	ā.	-E
-	Cig	e	usi	0
loy	ysic	Pe	-fro	0
he	4d	300	riol	ğ
-	ing	0	PC	re
A	pua	50	he	ō
S	to	it.	SO	on'
¥	5	S	Se	Jati
4	D	斊	70	ren
N	Spi	le.	P	, c
9	P	Y	che	J.i.
TE	÷	×	0	مَ
¥.			0	r 10
HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or death. Page 4	8	IRE	p	oria
1	Join	0 7	onc	1
117	7	RA	sho	stre
256	2	Z	3	60
H	nay be retain of the haspital or attending physician.	FUNERAL DIRE. R: After this certificate has been signed by the attending physician and completely filled in by it meral director.	loge 3 should be relached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shaped be filled with	he registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1862 CERTIFICATE OF DEATH

	10	O O						Reg. Dis	it. No.	11804
1. PLACE OF DEATH					USUAL RESIDENCE (When	re decease	d lived. If instituti b. COUNTY	on: Residen	ce before d	odmission)
Carroll			MARYLAND		Maryland		Balt	imore	City	7
RURAL and give n		ts, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If ou					
Sykesvi			1 month, 5	day:		re	***	A 63 1	- 4	
	TAL (If not in hospital, g				d. STREET ADDRESS	-7 0		777		IS RESIDENCE ON A FARM? (ES NO A)
	ield State				821 N. Chap					
3. NAME OF DECEASED (Type or print)	Fit A	ma	Middle Gombert		STRASSLE	4. DATE OF DEATH	Moi Fal	ruary	Doy	Yeor 19 58
5. SEX			IED NEVER MARRIED	B. D.	ATE OF BIRTH		9. AGE (In years			UNDER 24 HRS.
Female	White	WIDOWE			1871		lost birthdoy) 83 yrs.	-		lours Min.
during most of wor	king life, even if retired	done 10b.	KIND OF BUSINESS OR INC	DUSTRY			auntry)	12. CIT		WHAT COUNTRY
Housew	ork		-		Maryland				U.S	eA.
13. FATHER'S NAME				1/	. MOTHER'S MAIDEN NA	ME				
Frank	Gombert				Reginia					
15. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO. 17.	INFO	RMANT		Add	ress		
no	(if yes, give wor or dates or s		220-22-8939	Sr	ringfield S	tate	Hospital	Raco	nde	
. 18. CAUSE OF DE	ATH [Enter only one co					DULUC	Modpitoai	- ALBCO	LINTERV	AL BETWEEN
	ATH WAS CAUSED BY:					wha.			ONSEL	AND DEATH
111000	Not DUE TO		Bronchopne	aumo	mia				-	200
420.0									7	T
Conditions, if a)	Arteriosc.	lero	sic heart d	iseas	ie		1	lears
cause (o), stating				34					100	
lying couse last.	(0)	Generalize	ed a	rterioscler	osis			<u> </u>	lears
2 1/0 1.1		-	ontributing to DEATH B					EN IN PART		WAS AUTOPSY PERFORMED? ES NO
O V VOIII									11	ES LI NO
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	KED. (E	nter nature at injury in ro	orri ar rai	Till Of Item 10.)			
20c. TIME OF INJU Hour o. m.	RY Month, Doy, Ye	or 20d. If	NJURY OCCURRED 20e.	PLACE factory.	OF INJURY IHome, farm, street, office bldg., etc.)	20f. (Cit	y or town)	(0	Caunty)	(Stote)
p. m.	19	of wor					134			
21. I certify t	nat Lattended the	deceas	ed from January	14	. 19 58 to Feb	ruar	v 19 1958	that 1	last saw	the deceaser
alive on Feb		19 1			curred at 8:45 A					
dive on 255	1	/)	, , and mar ded	iii oc			treet, city or town,		le dale	DATE SIGNE
ACTUAL Ze	Mund.	Lu	slleau.							0/20/4
SIGNATURE				_ M.D.	opringi i	erd :	State Hes	pital		2/19/5
PHYSICIAN'S NAME (Type)	Edmund Lus	thau	s, M.D.	_	Sykesville	, Ma	ryland			
220. BURIAL, CREMATIC)F	22c. NAME OF CEMETERY	OR CR	EMATORY :	22d. LOCA	TION (City, tawn,	or county)		(Slate)
REMOVAL (Specify	of al	-58	HOLY BE	06	EMER	17	CLITO	.6	141	D
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		24o. REC'D	BY REGIS	TRAR 24b REG	STRAR'S SIC	SNATURE	
LRauk C.	unch of Son	900	N. Chestro	ST	DATE FE	B21'	58 100	1	1	

FPROTE MANAGEMENT	HTABO TO EN	CERTIFICAT	0.001	
		MARINE TO SE		
	and the first of the second			III II III III
		Transitin, S day		
MI SAND PARTY IN FRANCE OF			miclion and	n California de la la
				10 HADE
The second of th		diseden		
	THE RESERVE THE			
		-		af 25 art ca 2 M
				Herr brets
	and the same of th			
n-1	Carrell Liathysby		el-e	
	4			O MARKY SERVE OF
200 July 100	N. P. State			To HANK SAL
	mars' agree ofto	and the leading		
			DITTE .	
DOMEAU V.				
W HARGHO				
CELLS CLARK THE THE PARTY OF TH	Page Dissert and Larles			STREET, STREET
EEB 31 132				
- A				
10				
VIEW 519				
WIFE STICK		Suggested to be the		
and status upt on a California	THE MARY 18 E SHOW			
THE THE PARTY OF T				
talanta ne i ha hele i arei	2 Biological Breis			
	tell (officeration)			
the same of the second				
	aliconi et oresa da			and well round handle a

-		100
	=	2 24
0.0	b)	P
ho	 T	ō
24	<u>e</u>	Sa
hin.	- L	60
×	9	
ed	oldu	ers
CO	00	op op
exe	p	de
pe	Ö	ter bo
o to	.0	8 6
fice	ys.	ove
erti	a	em 2
h	ing	se i
eot	end	thir
e o	ŧ	0.3
+	he	The
ha	2	. 6
es	78	an l
u.	- G	ë ë
Pe	On.	sit
3	sici	To.
9	phy as	940
두	90	em
Z	coto	or or
5	t te	S th
YSI	ce o	e o
H	Pis S	e E
9	pit	ن ق
E	Afr	riol,
EN	he a	bu
AT		0 0
	RES	rior Por
1	0	필급
T	A	sho
SP	Z S	60.0
H	FU	oge re r
0	-0	0.±
V	S A1S	(4)
1	moy be retained. The haspital or attending physician.	See poge 3 should be detached for use as the burial-transit permit. Then please remove carban popers. Pages 1 and 2 shaper the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	1864 CERTIFICATE OF DEATH Reg. Dist. No.
	1. PLACE OF DEATH o. COUNTY CARROLL MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY CARROLL MARYLAND
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) NEW WINDSOR RURAL YEARS NEW WINDSOR RURAL NEW WINDSOR RURAL
)	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) WALTER ROY STRINE 4. DATE OF DEATH FEB 23 1958
)	5. SEX O. COLOR OR RACE O. COLOR OR RACE O. MARRIED THEVER MARRIED B. DATE OF BIRTH O. COLOR OR RACE O. COLOR OR RACE O. COLOR OR RACE O. MARRIED THEVER MARRIED B. DATE OF BIRTH O. COLOR OR RACE O. MARRIED THEVER MARRIED B. DATE OF BIRTH O. COLOR OR RACE O. MARRIED THEVER MARRIED DIVORCED
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWN FARM OWN FARM 11. BIRTHPLACE (Stote or foreign country) WARYLAWD 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME CHARLES C STRINE ROSIE HARRIS
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service) NONE ETHEL H STRINE NEW WINDS 6 R MD
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cardiac Failure & Diahetes, "Hyps: Hyps: Hy
	Canditions, if ony, which gove rise to immediate coese (o), stating the under-lying cause last. DUE TO (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year And Injury OCCURRED Haur a. m. p. m. 19 20d. INJURY OCCURRED While Nat while at work of work o
	21. I certify that I attended the deceased from 7165, 1956 to 2/23, 1958, that I last saw the deceased alive on 2/10/58, 19, ond that death accurred of 1026M, from the causes and on the date stoted above. ADDRESS (Street, city or town, stote) DATE SIGNED
	SIGNATURE M. E. Robertson M.D. Hew Windson, MP 2/23/5
1	PHYSICIAN'S MEROBERTSON
	220. BURIAL, CREMATION, PRINCIPLE 220. DATE THEREOF 220. NAME OF CEMETERY OR CREMATORY 220. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 2/26/58 SAMS CREEK CARROLL CO MO
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS. ADDRESS. ADDRESS. ADDRESS. ADDRESS. DATE FEB 2 5 '58 ADDRESS SIGNATURE DATE FEB 2 5 '58 ADDRESS SIGNATURE DATE FEB 2 5 '58

CETTIFICATE OF BEATH

THE RESIDENCE OF STREET, AND ADDRESS OF STREET, STREET

EEB S2 1828

all why to lift the said to

VS A15 (4) 15M 9/55

	18	65	CERTIFICA	ATE OF DEAT	Н		Reg. Di	st. No.	01856
1. PLACE OF DEATH o. COUNTY Carro	011		MARYLAND	2. USUAL RESIDENCE (W		d lived. If institution b. COUNTY Balt			
RURAL and give	(If autside corporate limit nearest lown) SVIILE	s, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		orate limits, write R	-		
d. NAME OF HOSE OR INSTITUTION	ITAL (If not in hospitol, g		oddress)	d. STREET ADDRESS 2847 W. No					IS RESIDENCE ON A FARM? YES NO C
3. NAME OF DECEASED (Type or print)	Frederi	ıt	Middle William	Strow	4. DATE OF DEATH	Mon		18	Yeor 19 58
5. SEX Male	6. COLOR OR RACE White	7. MARE	DIVORCED DIVORCED	8. DATE OF BIRTH 3-11-1869	>	9. AGE (In years lost birthdoy) 88 yrs.	IF UNDER Months		Hours Min.
during most of we	ION (Give kind of work of rking life, even if retired) hotographer		KIND OF BUSINESS OR INDU Retired	STRY 11. BIRTHPLACE (Stote Pennsylv 14. MOTHER'S MAIDEN	ania	auntry)		U.S.	WHAT COUNTRY?
Frederick 15. WAS DECEASED EX (Yes. no. or unknown) No.	Strow ER IN U. S. ARMED FORCE If yes, give wor or duries of se	rvicel	SOCIAL SECURITY NO. 17. 1	Mary Moo NFORMANT Springfield		Addi			
PART I. De 490 X Conditions, if gove rise to cause (a), stoting lying cause last	the under-	Lob	ar pneumonia					ONSET DE	val BETWEEN FAND DEATH ays ears
20a. ACCIDENT W			CONTRIBUTING TO DEATH BUT CETEDRAL ATTER				react	1 (a) 19. 1 Om	WAS AUTOPSY PERFORMED? (ES NO K
20c. TIME OF INJU	IRY Month, Doy, Yea	While	NJURY OCCURRED 20e. PL Not while fa	ACE OF INJURY (Hame, farr ctory, street, office bldg., etc	m, 20f. (Cily	r or tawn)	(C	County)	(Stote)
21. I certify to alive an Feb		decease _, 195	ed from February B, and that death Campo	accurred at 5:45	AM, from	n the causes a treet, city or town, State Hos	nd an th	ne date	stated above. DATE SIGNED 2-18-58
PHYSICIAN'S NAME (Type)	Agustin de	1 Car	mpo, M.D.	Sykesvi	lle, l	Maryland			

		AGE TO SE	9-47/1909		
	AL care		granten and sale of front at a architecture		
			Fact Control		
	THE COLOR SHALL		See Little	No Proposition	
		WILLIAM CO.	Common Co	SAMPLE OF THE SA	aton
		Cando els	English		
			ATTO TO SEE	The same	
Was day See					
	omenni tali			tung (Time	
11 11 11 11 11 11					
8381 13 8 . Y U.	BUREA	or (Caralli 17 a sonita (Charles	Carres	uitin de	
DEME	EDEM	en er/ego Augusta		College of the Colleg	A several

MARYLAND STATE DEPARTMENT OF HEALTH - BALLIMORE, 16

220. BURIAL, CREMATION, 22b. DATE THEREOF

SHINERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

Buria1

RAL E FUNER c page VS A15 (4)

15M 9/SS

17. INFORMANT Mrs andrew Gregg Address Mrs. Andrew Gregg, Westminster, Md. R.D.1 INTERVAL BETWEEN ONSET AND DEATH minute PERFORMED? YES NO TO (County) (State) 1951, that I last saw the deceased and that death occurred at 8:45 A.M., from the causes and on the date stated above. ADDRESS (Street, city or town/state) DATE SIGNED 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Johnson City Washington Co. Tenn. Monte Vista Burial Park **ADDRESS** 24s. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Littlestown, Pa. DATEFEB 4

Rea. Dist. No

Carro 11

e. IS RESIDENCE

Dov

U.S.A.

12. CITIZEN OF WHAT COUNTRY?

ON A FARM?

YES NO

19

Year

	Let the			
	* (• 1	A STATE OF THE STATE OF	,
	* 1	Lyder, 2 - 100		
en de la coloción una		ы		
	A CONTRACTOR OF THE PARTY OF TH		election of the Property	
	2007.107.0		toword and and	
4 4 4	The second of the		and displaying	
	necessary of			
	The same of the	Mona de las		
went for the first the same of				
		Wall will be		
BUREAU V.				
BUREAU V.				
BUREAU V.				

ARYLAND S	STATE DEPARTMENT	OF HEALTH-	BALTIMORE, 1
-----------	------------------	------------	--------------

		1	867	C	ERTIF	ICA	TE OF DEA	TH		Reg. Di	st. No	118	58
1. PLACE OF a. COUNT	DEATH Y Carr	coll			MARYL	AND	2. USUAL RESIDENCE a. STATE Mary	(Where deceo	sed lived. If instituti b. COUNTY		to.C		ian)
PILEAL	TOWN (If	autside carporate limi arest tawn)	s, write	c. LENGTH	of stay ii				perate limits, write R	URAL and	give ned	arest-town) 🗸
d. NAME (OF HOSPITA	L (If not in hospital, g Ld State Ho					d. STREET ADDRESS Balt	imore !	5, Md.				FARM?
3. NAME OF DECEASED (Type or p		Fir Lens	-	rbara	Middle Kute	her	TWILLEY	4. DATE OF DEAT		ruary	12	,	Year 1958
5. SEX Fema.	le	6. COLOR OR RACE White	7. MARI	ED A	R MARRIED		July 20,	1887	9. AGE (In years last birthday) 70 yrs.	Months Manths	Doys	Hours	Min,
Pacti	ory WC	ng life, even if retired	lane 10b.	KIND OF 8U	SINESS OR	INDUS	TRY 11. 8IRTHPLACE (SI	đ	country)	12. CI	U.S		COUNTRY
Joses	oh Kut	cher					Anna Ro						
-	EASED EVER	IN U. S. ARMED FOR f yes, give wor or dates of s		SOCIAL SECU	JRITY NO.	17. IN	Springfie	-27-12	oital Rec				E T
331 Candit	ART I. DEAT X ians, if an	mediote (orr	hage due to	hyper	tension			Hour	DEATH
NOLLY In	IDENT WAS	er significant con sociated with reaction.	th c				NOT RELATED TO THE TE OSCIETOSIS,			VEN IN PAR	RT 1(o)	9. WAS PERFO	AUTOPSY DRMED?
N 20c. TIME	TRIBUTING R, NOTIFY A OF INJURY or o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) Manth, Day, Yea	or 20d. I While		ile_		ACE OF INJURY (Home, tary, street, office bldg.,		ity ar tawn)	(County)		(State)
	Febr	or I oftended the ruary 12,	_ 125		nd that	deoth	19, 19 57, to occurred at 6:5 w.o. Springf	OP M, fre		ond on t		te state	

PHYSICIAN'S NAME (Type) Edmund Lusthaus, M.D.

Sykesville, Maryland

220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, down, or county) (State) ADDRESS BILLING DATE

FUNERAL DIRECTOR'S SIGNATURE

900 N

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55

	Bre Thail		,,,,					
		Brow Sample						
	-AND Y LOT OF							
Marie II Land	.ab 4							
	The world							

EEB I T 1323

דתונא לעיבות יום יום וו Chester





CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED						
	COUNTY Carroll MARYLAND	STATE Maryland COUNTY						
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL end give nearest town)						
	OR and give nearest town) TOWN Westminster (Rural) 6 Months	TOWN Baltimore						
	HOSPITAL OR	STREET (If rural give location) ADDRESS						
0	INSTITUTION OR STREET ADDRESS Wimert Nursing Home	1315 E. North Avenue						
	3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Yaar)						
		graff DEATH Feb. 5 19 58						
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	F BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS.						
	Male RACE WIDOWED, DIVORCED, (Specify) Married July	2, 1875 82 yrs. Months Deys Hours Min.						
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT						
	dona during most of working lifa, even if or INDUSTRY celirad) Latherer (Ret'd) Construction	Snow Hill, Maryland U.S.A.						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Samuel Updegraff	Isabelle Mitchell						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS						
	(Yas No or unk.) (If Yes, giva war or dates of sarvica) None	John E/ Updegraff 2627 Garrett Ave						
	18. MEDICAL CER	TIFICATION INTERVAL BETWEEN ONSET AND DEATH						
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
	4221 IMMEDIATE CAUSE IA CURALAC GEC	mofousation adays						
		lar Disease ?						
	STATING UNDERLYING CAUSE LAST. DUE (C)							
	TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH:							
20	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?						
0		YES NO						
H	21a. ACCIDENT WAS UNDERLYING [21b. PLACE (Homa, farm, factory, OR CONTRIBUTING [CAUSE OF DEATH OF INJURY street, office bldg., etc.) [[F EITHER, NOTIFY MEDICAL EXAMINER]	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)						
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?						
	M. at work at work							
	22. I hereby certify that I attended the deceased from 6-5-							
1	alive on 3 - 5 , 19 5 , and that death occurred at.							
W	SIGNATURE	ADDRESS (Straet, city, town, state) DATE SIGNED						
5 10	W. P Atour! M.D. 1-2	1 Eluin St Wistmuster 42-5-58						
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)								
A15C 1-55 10M	REMOVAL (SPECIFY) Burial Feb. 8,1958 Mt. Carm	el Cemetery Baltimore, Maryland						
VS /	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS						
	FFR 7 '58 1000	William Cook, Inc. 1217 St. Paul Stree						

CERTIFICATE OF DEATH

in the second		filternal	
	entency (Le	and designation	
the value of the star of the		usingut transition	
The same of the sa	alight of a	• • •	
8. 2885 - 12.00	Tarin Inches		S.Lati
Alegaria effetation		rangeroff Industria	
	an military as a final		

BUREAU V. S.

EEB 1 1328



Manager Cook, Inc. "



PLACE OF DEATH

and give nearest lawn)

ARROLL

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

First

b. CITY OR TOWN Itt autside carporate limits, write RURAL

o. COUNTY

3. NAME OF

DECEASED

Stote death. Office

70 VS. A15ME 5M 2/57

CARRIE 1958 (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. (ast birthday) Months Hours WIDOWED A 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? nouse-13. FATHER'S NAME 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: nun IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO (o), slating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NON 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour While Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 'M Inquiry > and in my opinion death resulted from: Accident Suicide . Noturol couses Homicide . Undetermined monner ACTUAL secute the cert should be for FUNERAL DIRE DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER NAME (Typic DEPUTY MEDICAL EXAMINER TO 220. BURNAL CREMATION. 22d. LOCATION (City, town, or county) (Stote) 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

d. STREET ADDRESS

MARYLAND

c. LENGTH OF STAY IN 16

Middle

Rea. Dist. No.

e. IS RESIDENCE ON A FARM? YES NO 4

Yeor

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

DATE

b. COUNTY



TO THE EMPLOYEE THE EMPLOYEE PARTY OF THE SOURCE OF EXAMPLE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF

TO HOSPITAL

VS A1S (4) 15M 9/SS

	T
	17
with	(M
filed	
0	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 1000

	100;) CERTIFIC	AIL OI DLAIII	Reg. Dis	t. No.
1.	PLACE OF DEATH o. COUNTY ARROLL	MARYLAND	2. USUAL RESIDENCE (Where dec	eased lived. If institution: Residence b. COUNTY	te before admission)
	b. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town)	c. LENGTH OF STAY IN 16 H YEARS	c. CITY OR TOWN (If outside of	corporate limits, write RURAL and g	ive nearest town)
	d. NAME OF HOSPITAL IT not in hospital, give stree OR INSTITUTION Ref.	oddress) //	d. STREET ADDRESS N	El.	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First DECEASED (Type or print) WILLD IN S	Middle ANDFOYD,	WIDERINAIN DE		Doy Yeor Z 1958
5.	SEX 6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED DIVORCED DIVORCED	July 8 1891	I have be not below to the second	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
10	o. USUAL OCCUPATION (Give kind of work done 10kd during most of working life even if retired)	Building	JETRY 11. BIRTHPLACE (Stote or forei	gn country) 12. CITI	ZEN OF WHAT COUNTRY?
13	FATHER'S NAME	rman) 7	14. MOTHER'S MAIDEN NAME	Asill	
	WAS DECEASED EVER IN U. S. ARMED FORCES? If s. no. or unknown) If yes, give wor or dates of service	5. SOCIAL SECURITY NO. 17.	INFORMANT WE Alla Al. Yel	illuman - Ofen	hardle my
	18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (a), (b), and (c).	ombosis		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cosse (a), stating the under-lying cause last.	Verity +	generalized and	Luischrosis	20 years
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS Prostate Rep	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO R
	20a. ACCIDENT WAS UNDERLYING ☐ CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Port I or	Port II of item 18.)	
MEDICAL	Hour o. m. While		LACE OF INJURY (Home, farm, 20f. octory, street, office bldg., etc.)	(City or town) (C	ounty) (State)
	21. I certify that I attended the decea		luc, 1953, 10 - Tan	from the causes and on the	
	ACTUAL Bestrauda	Yan		SS (Street, city or town, stote)	DATE SIGNED
1	PHYSICIAN'S Bentrand R	GAU	Sylasor	the had	
22	o. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 2-5-58	22c. NAME OF CEMETERY O	OR CREMATORY 22d. LC	andalistown	o, med.
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS.	elle MA DATE	GISTRAR 24b. REGISTRAR'S SIG	NATURE

DATE EB 2 7 '58

		1.0	370	CERTIF	IC/	ATE OF	DEATH			Reg. D	ist. No.		
1.	o. COUNTY Car	roll		MARYL	AND	2. USUAL RES	DENCE (Wharylar	ere deceosed	d lived. If institution b. COUNTY	on: Reside	nce befor	e odmi	ssion)
	b. CITY OR TOWN (IF RURAL ond give new Parral -			ength of stay in nee 3/29/					rate limits, write R	URAL and	give nea	irest tow	m)
	d. NAME OF HOSPITA OR INSTITUTION Springfie	AL (If not in hospitol. old State H		255)		d. STREET	ADDRESS					ON.	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)		rence	Middle		WIL	KINS	4. DATE OF DEATH	Mon Febra		Day	5	Yeor 1958
	male male	6. COLOR OR RACE white	WIDOWED [DIVORCED		B. DATE OF BIRT	R 7/21	/79	9. AGE (In years last birthdoy) 78 yrs.	Months Months	Days	Hours	ER 24 HRS.
	none	N (Give kind of working life, even if retired	done 10b. KIND	OF BUSINESS OR	INDUS		yland	or foreign co	ountry)		tizen o		t COUNTRY?
	Charles H					Alice	M. Jo						
15 (Y	WAS DECEASED EVER	IN U. S. ARMED FOR f yes, give war or dates of s		al security no.		ocords o	f Spri	ngfie	ld State	44 140			, Md.
	PART 1. DEAT	H [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (o	Brono	(o), (b), and (c).]	nia						ONS	RVAL BI	ETWEEN DEATH VS
	Conditions, if an gove rise to im couse (o), stoting the lying cause last.	y, which (b) (b) me diate DUE TO	Old my	ocardial		<u>farction</u>					n	months	
CERTIFICATION		r significant con renic reac	tion, h	ebephreni	H BUT	ype				EN IN PAR	iT 1(o) 15	9. WAS PERFO	AUTOPSY DRMED?
	OR CONTRIBUTING I (IF EITHER, NOTIES) 20c. TIME OF INJURY	CAUSE OF DEATH	-	HOW INJURY OCC									
MEDICAL	Hour o. m. p. m.	19	While at work	Not while at work	foc	IOTY, street, office	e bldg., etc.)				County)		(Stote)
	21. I certify the alive on Fe	t I attended the bruary 25	deceased fr 19 58		leath	occurred at	8:551	AM, from	the causes a reel, city or lown, ate Hosp	nd on t stote)		e stat	
22/	PHYSICIAN'S NAME (Type) EC	dmund Lust							ryland				
B	REMOVAL (Specify)	Feb. 27.1	958 I	NAME OF CEMETE		CKEMATORY		Balt	ION (City, town, o	r county)	Md	(Stot	le)
_	FUNERAL DIRECTOR'S			1900 Eute	RW]	Place		BY REGISTI			GNATUR	Ē	

TO FUNERAL DIR page 3 should b VS A15 (4) 15M 9/55

in by uneral director, and 2 should be filed with

Pages

the attending physician and campletely filled

he burial-transit permit. Then please remove carban pop or removal, and in any event within 72 hours after death

for use as the burial-transit

the registrar prior to

d

PHYSICIAN: The law requires that the death certificate be

er death. Page 4

mornist of a family SEE ST 1958 north to the state of the state John O. Withhall M. Sons Inc. 1900 Enter Claud

TO HOSPITAL TIENDING PHYSICIAN: The low regules that the death certificate be executed within 24 hours ter death. Page 4 may be retained the hospital or ottending physician.

TO FUNERAL DIR A.R. After this certificate has been signed by the attending physician and completely filled in by in an another page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

10/1 05/11/0	AIL OI DEAI	Reg.	Dist. No. 1/1003
1. PLACE OF DEATH O. COUNTY CATTOLL MARYLAND	2. USUAL RESIDENCE (W o. STATE Mary)	there deceased lived. If institution, Resi and b. COUNTY Bal	idence before admission) Ltimore City 31
b. CITY OR TOWN (If outside corparole is, write Sykesville 16 days		outside corporate limits, write RURAL o	and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Springfield State Hospital.	d. STREET ADDRESS 1903 P.	ark Avenue	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type o print) Benjamin / Whitely	Woolford	4. DATE Month OF DEATH 2	Doy Year 15 1958
6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED	8. DATE OF BIRTH 2=25=71	9. AGE (In years lif UNI Month yes.	DER 1 YEAR IF UNDER 24 HRS. hs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even retired) Druggist	X THE OWN	Maryland	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME WOOLford Benjamin Woolford	14. MOTHER'S MAIDEN		cinner
15. WAS DECEASED EVER IN U. S. ARMED FOLES? 16. SOCIAL SECURITY NO. 17. (free, no. or unknown) (if yes, give wor or dates of service) Unknown	INFORMANT	Address 1. records.	
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART t. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Bronchopneum	monia		INTERVAL BETWEEN ONSET AND DEATH dais
Conditions, if any, which (b) Arteriosclerosis	s heart disea	se	years
gove rise to immediate couse (a), stating the under-lying couse last. DUE TO Generalized arte	eriosclerosis		years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU C.B.S. associated with semile brain dis 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERM sease, with ps	vinal disease condition given in ychotic reaction.	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in	Port I or Part II of item 18.)	
	LACE OF INJURY (Hame, fare octory, street, office bldg., et		(County) (State)
21. I certify that I attended the deceased from. 1- 30 alive on 2-15- , 19 30 , and that death		-15- , 1958 ,that P-M, fram the causes and a	t I last saw the deceased n the date stated abave.
SIGNATURE Ggustin del Campo	M.D. Sprinfield	ADDRESS (Street, city or town, state) State Hospital, Si	DATE SIGNED VKesville 2-16-
PHYSICIAN'S NAME (Type) Agustin del Campo.			12
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 2-18-58 Loudon Park		2d. LOCATION (City, town, or count Baltimore	(Stole)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS William Cook, Inc., 1217 St. Paul Str	25	D BY REGISTRAR 246. REGISTRAR'S	SIGNATURE

CERTIFICATE OF DEATH OR INTERIORS IN THE INTERIOR OF DEATH OR INTERIOR OF DEATH OR INTERIOR OF DEATH OR INTERIOR OF DEATH OR INTERIOR OF DEATH OF THE INTERIOR OF THE INTERIOR

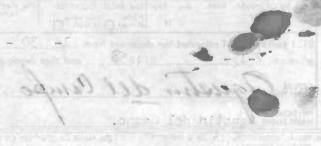
TORK OF THE STATE OF THE STATE

Seneral saferies de la constante de la constan

BUREAU V. S.

FEB 18 1953





Market Section Also

.

7.66.4